

Charge Card Program Annual Training Certification Form

This form is to be completed by all Agency Program Administrators on an annual basis and is due no later than April 30th of each year. All information on this form is required.

Agency Number: _____

Agency Name: _____

Certification Year: _____

Please indicate the program you are the Administrator for (Check one):

Purchase Card Program Travel Card Program Both Programs

I, _____, Program Administrator for above indicated program(s), do hereby certify that I am a duly authorized and acting Program Administrator for the above Agency. I do further certify the following:

(Please check all that apply):

SPCC Cardholder Training – All employees of the above agency who are holders of a Small Purchase Charge Card have completed the required SPCC Cardholder Training.

Employee Paid (Individual Liability) Travel Cardholder Training – All employees of the above agency who are holders of an Employee Paid (Individual Liability) Travel Card have completed the required Travel Cardholder Training.

Agency Airline Travel Cardholder (ATC) Training – All employees of the above agency who are holders of an Agency Airline Travel Card (ATC) have completed the required Agency Airline Travel Cardholder (ATC) Training.

Supervisor/Reviewer of SPCC Cards Training – All employees of the above agency who review SPCC Card Program monthly reconciliations have completed the required Supervisor/Reviewer Training.

Supervisor/Reviewer of Agency Airline Travel Card (ATC) – All employees of the above agency who review Agency Airline Travel Card (ATC) Program monthly reconciliations have completed the required Supervisor/Reviewer Training.

Required written documentation is on file confirming training completion for each employee. I understand that it is my responsibility to ensure that all new staff members complete the required training as appropriate.

Signature: _____ Date: _____
(Program Administrator)

Program Administrator Name (type or print): _____

Program Administrator Title: _____

Contact Information (Phone/E-mail): _____

Please fax completed form to (804) 518-4954 Attn: Charge Card Administration Team