

Commonwealth of Virginia
Purchasing Card Request

Agency Name and Number

Date of Request: _____

To: _____
Agency Program Administrator

A Purchasing Charge Card is hereby requested for the following employee under my supervision (**please print or type all information as requested below**).

Employee Name as it should appear on the Card:

Employee Mailing Address:

Employee Work Phone: (_____) _____

Employee Date of Birth (MM/DD/YY): _____

Employee's Email: _____

I hereby certify that I have examined this employee's duties and estimate that the purchasing card will be used for approximately _____ transactions per month at a dollar value range of \$ _____ to \$ _____ per transaction.

[NOTE: A "transaction" is one order placed with a vendor who accepts the card.]

Based on these estimates, I am requesting limits of \$ _____ per transaction (not to exceed \$5,000) and \$ _____ total per month (not to exceed \$100,000) be placed on this card.

I agree and understand that at least annually the activity on all purchasing cards will be reviewed to ensure limits and card restrictions are appropriate for the card's usage. I will provide written recommendations regarding any limit changes.

I further certify that I will review and approve this cardholder's transactions and supporting documentation on a monthly basis.

Signed: _____ Date: _____
Requesting Authority (Supervisor)

Signed: _____ Date: _____
Employee

Approved by Agency Program Administrator: _____

Date entered into system: _____