

Charge Card Program Annual Cardholder Review Certification Form

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

Agency Number: _____

Agency Name: _____

Review Period: _____ (month day, year) **to** _____ (month day, year)
(Must be a 12 month consecutive period)

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 that for my agency I have completed, as appropriate, the following required annual cardholder review(s):

(Please check all that apply):

Annual Purchase Cardholder Review – I have reviewed each Purchase Card and confirmed that all transaction limits, monthly limits, restriction tables, and transaction volumes were appropriate. All unnecessary cards were cancelled. Any restrictions that were lifted and/or replaced and any transaction and/or monthly limits that were changed were adjusted per State guidelines. Approval was obtained from DOA for any limit requests above State guidelines.

Annual Travel Cardholder Review – I have reviewed each Travel Card (Employee Paid (Individual Liability) and Agency Airline Travel Card (ATC)) and confirmed that all unnecessary cards were cancelled. Any transaction and/or monthly limits that were changed were adjusted per State guidelines. Approval was obtained from DOA for any limit requests above State guidelines.

Annual Multiple Cards Cardholder Review – I have reviewed the transaction activity for all cardholders who hold more than one SPCC and confirm that the sum of all transactions for each cardholder does not exceed the maximum of \$5,000 per transaction and the sum of all credit limits does not exceed the maximum of \$100,000. I have reviewed the need for multiple cards for each cardholder and confirmed that each card is required for a valid reason. I maintain written documentation supporting the need for all multiple cards. Approval was obtained from DOA for any limit requests above State guidelines.

Signature: _____ Date: _____
(Program Administrator)

Program Administrator Name (type or print): _____

Contact Information (Phone/E-mail): _____

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