

# 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 June 30<sup>th</sup> 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**