##### 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 ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 $10,000) 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised August 17, 2020