## *Commonwealth of Virginia*

## *Agency Airline Travel Card (ATC) Request*

# ALL INFORMATION REQUIRED

Please print clearly and completely. Incomplete applications cannot be processed.

|  |  |
| --- | --- |
| Cardholder’s Name (First, Middle Initial, Last) | Agency Name |
| Mailing Address | Agency # |
| City, State, Zip Code | Business Phone Number**( )** |
| E-mail Address | Employee ID Number |
| Cardholder Signature | Date |

I agree and understand that, at least annually, the activity on all Agency Airline Travel Cards (ATC) will be reviewed to ensure limits 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.

|  |  |
| --- | --- |
| Supervisor Signature | Date |

 **To be filled out by the Program Administrator**

|  |  |
| --- | --- |
| **Credit Limits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****(\***not to exceed $100,000 w/o DOA approval) | **Single Purchase Limits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****(\***not to exceed $10,000 w/o DOA approval) |
| Program Administrator – Authorizing signature for card issuance |
| Program Administrators Signature | Office Number (Area Code, Phone Number) |

Date entered to Works: