

**Commonwealth of Virginia**  
**Agency Airline Travel Card (ATC) Request**

**ALL INFORMATION REQUIRED**

Please print clearly and completely. Incomplete applications can not be processed.

Cardholder Name (First, Middle Initial, Last)	Agency Name
Mailing Address	Agency #
City, State, Zip Code	Business Phone Number (    )
E-mail Address	Date of Birth (mm/dd/yy)
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
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**To be filled out by the Program Administrator**

<b>Credit Limits:</b> _____ (*not to exceed \$100,000 w/o DOA approval)	<b>Single Purchase Limits:</b> _____ (*not to exceed \$5,000 w/o DOA approval)
Program Administrator – Authorizing signature for card issuance	
Program Administrator Signature	Office Telephone (Area Code and Number)

Date entered in Works:
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