

# 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: \_\_\_\_\_