

Request for New Cardholder/Check writer

Date:

To: [Insert OPDIV A/OPC]

From: [Insert name of requesting official – at AO level or above]

The following individual is nominated to be a purchase cardholder and/or convenience check writer:

EMPLOYEE ID #

CARDHOLDER INFORMATION	
Name:	Job Title:
Series:	Grade:
Organization:	Address:
Building/Room/Location:	City:
State:	Zip:
Phone:	Fax:
E-mail:	Date Purchase Card Training (including Sustainable Acquisition and Section 508 requirements) Completed:
FINANCIAL INFORMATION	
Proposed Single Purchase Limit: \$	Proposed Monthly Purchase Limit: \$
Default CAN (if required):	Default Object Class Code (if required):
Warrant Value (if applicable): \$	
APPROVING OFFICIAL INFORMATION	
Approving Official (if different from requestor):	
Approving Official's Grade:	Approving Official's Monthly Office Limit: \$

Justification for card, including the anticipated products or services the card will be used to purchase:

Is the card for emergency use only, or day-to-day requirements?

Are the requirements new? Yes No

If Yes, identify the new requirements. If No, how were the requirements purchased previously?

If convenience checks are requested for the individual, provide a justification that describes the circumstances under which checks will be written:

Signature of requesting official or AO:
(typed name if submitting by e-mail)

Date:

Approved by (if required by OPDIV):
(typed name if submitting by e-mail)

Date: