

REQUEST FOR SMALL PURCHASE CREDIT CARD AUTHORITY

TO: Purchase Credit Liaison Officer, State Purchasing and Contracting Division

SUBJECT: Authorization for Use of Credit Card

Request that the following employee be authorized an Agency Small Purchase Credit Card with dollar restrictions as noted below and upon completion of required training course.

FULL NAME :(print) _____

SAMPLE SIGNATURE: _____

TITLE: _____

DEPARTMENT: _____ PHONE: _____

SINGLE PURCHASE LIMIT: _____ THIRTY (30) DAY LIMIT: _____

OTHER RESTRICTIONS: _____

Signature of State Budget Manager: _____

Signature of Director, State Resources: _____

Account Number: _____

(to be filled in at issue of card)