

**REQUEST FOR CONVENIENCE CHECKS**

DATE:

TO: Zedekiah J. Worsham, Acting Purchase Card Program Manager

FROM: (insert name of IC Purchase Card Coordinator)

The following individual is nominated to be a convenience checkwriter. (Send to Help, Creditcard for processing.)

	<b>Cardholder</b>
<b>Name:</b>	
<b>I/C &amp; Expenditure Organization:</b>	
<b>NIH Badge Number:</b>	
<b>Street Address (i.e., 10 Center Dr):</b>	
<b>BLDG/Room Number:</b>	
<b>City/State/Zip Code:</b>	
<b>Phone Number:</b>	
<b>Fax Number:</b>	
<b>E-mail Address:</b>	
<b>Job Title:</b>	
<b>Job Series &amp; Grade (i.e., 1102/10):</b>	
<b>NIH Purchase Card Training Date:</b>	
<b>Green Purchasing Training Date:</b>	
<b>Section 508 Training Date:</b>	
<b>Warrant Value \$ (if applicable):</b>	
<b>Check Limit:</b>	\$3,000
<b>Default Project # (CAN):</b>	
<b>Default Expenditure Type (OC Code):</b>	

Provide justification that describes the circumstances under which the checks will be written:

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IC Purchase Card Coordinator's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

CAO's signature: \_\_\_\_\_ Date: \_\_\_\_\_