

REQUEST FOR NEW PURCHASE CARDHOLDER

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 NIH purchase cardholder. (Send to Help, Creditcard for processing.)

	Cardholder	Card Approving Official (CAO)
Name:		
I/C & Expenditure Organization:		
NIH Badge Number:		
Street Address (i.e., 10 Center Dr):		
BLDG/Room Number:		
City/State/Zip Code:		
Phone Number:		
Fax Number:		
E-mail Address:		
Job Title:		
Job Series & Grade (i.e., 1102/10):		
NIH Purchase Card Training Date:		
Green Purchasing Training Date:		
Section 508 Training Date:		
Warrant Value \$ (if applicable):		
Proposed Single Purchase Limit:		
Proposed Monthly Limit:		
Default Project # (CAN):		
Default Expenditure Type (OC Code):		
Security Identifier/Birth Date (MM/DD):		

Cardholder: I, _____, am requesting purchase card authority. I attended the NIH
 (Please type or Print legibly)

mandatory purchase card training class on: _____. I certify that I have read and understood the
Internal Procedures for the SmartPay2 Program (NIH Purchase Card Supplement & HHS Purchase Card Guide):

 Date: _____
 (Signature)

Justification for card AND the anticipated products/services the card will be used to purchase--be specific (i.e., office supplies, biologicals, IT hardware, etc.): _____

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? _____

IC Purchase Card Coordinator's signature: _____ Date: _____

Supervisor's signature: _____ Date: _____

CAO's signature: _____ Date: _____

NOTE: Must be at least 18 years of age and an NIH employee

Revised 3/3/2010