

REQUEST FOR NEW PURCHASE CARDHOLDER

For Office Use Only
PCS:
NBS:
PNet:

DATE:
TO: Doreen J. Rappaport, Purchase Card Program Manager
FROM:

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:		
NIH Street Address (i.e., 10 Center Dr):		
BLDG/Room Number:		
City/State/Zip Code:		
Phone Number:		
E-mail Address:		
Job Title:		
Job Series & Grade (i.e., 1102/10):		
Previous Cardholder or Card Approving Official Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please specify previous IC):		
Fulltime Telework Employee Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, provide the remote address you work from on a permanent basis):		
NIH Purchase Card Training Date (must be within one year of application date):		
Green Purchasing Training Date:		
Section 508 Training Date:		
Warrant Value \$ (if applicable):		
Proposed Monthly Limit (amount must be supported by ICs mission and anticipated use):		<i>Monthly Limits above \$25,000 require a justification (Please attach).</i>
Default Project # (CAN):		
Default Expenditure Type (OC Code):		
Security Identifier/Birth Date (MM/DD):		

Is the card for emergency use only or day-to-day requirements? Please provide a justification for the card AND specify the anticipated products/services in which it will be used for (i.e., office supplies, biologicals, IT hardware, etc.):

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

Cardholder and Approving Official Certification

I certify that I have successfully completed all required purchase card training for my level of authority, and that I have read, understand, and will abide by the policies and procedures that govern the use of the Government purchase card as described in the HHS Purchase Card Guide and the NIH Purchase Card Manual.

I further certify that I:

As a Cardholder:

- am not the supervisor of my Card Approving Official
- will only use the card for official purchases, within the dollar limitations designated for my card, and only when sufficient funds are available
- will only purchase authorized products or services
- have not been involved in any fraudulent actions or mismanaged the purchase card
- will protect the card from unauthorized use
- understand that willful misuse of the card may result in immediate cancellation of the card and disciplinary action against me
- will follow the prescribed reporting instructions without delay if a Purchase Card is lost or stolen
- understand that if the monthly reconciliation is not completed (signifying receipt of item), card privileges will be suspended or revoked and may be held personally liable
- will surrender my Purchase Card upon termination of my current employment or at any time upon request of the Agency Program Coordinator

Cardholder signature:

Date:

Supervisor signature:

Date:

As a Card Approving Official (CAO):

- confirm that the cardholder(s) under my purview is not my supervisor
- will examine all cardholder documentation related to card transactions to ensure that purchases are based on a bona fide need
- will resolve any questionable purchases with the cardholder
- will ensure that the cardholder's purchase transactions are properly reconciled with the servicing bank's statement
- understand that if the monthly reconciliation is not completed card privileges will be suspended or revoked
- have not been involved in any fraudulent actions or mismanaged the purchase card
- will immediately notify my A/OPC of any suspected cases of misuse or fraud
- will surrender my approving authority upon termination of my current employment or at any time upon request of the Agency Program Coordinator

CAO signature:

Date:

Supervisor signature:

Date:

IC Purchase Card Coordinator signature:

Date:

Form OAMP – PC – 1

Revised 10/16/2012