

**REQUEST FOR NEW PURCHASE CARDHOLDER**

For Office Use Only
PCS:
NBS:
PNet:

The following individual is an NIH employee and has been nominated as a NIH purchase cardholder.

	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):		
<u>Fulltime</u> 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 (if requested above \$25,000, please attach a supporting justification explaining need and anticipated usage):		
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 specify the anticipated products/services in which it will be used for (i.e., office supplies, biologicals, IT hardware, etc.): \_\_\_\_\_

**JP Morgan Application Authorization**

By submitting this request for commercial card issuance to the Bank for the applicant named herein, the undersigned, a duly authorized representative of the Client, does hereby (1) represent and warrant that the Client has used commercially reasonable efforts to ensure that such applicant (and others whom the Client authorizes to use the Account) is not identified on a prohibited government sanctions list, or otherwise subject to a sanctions program applicable to the Client, (2) certify that the information in this application and the supporting documentation is accurate, (3) certify that the true identity of the aforementioned applicant has been verified and that the applicant is an employee or agent of the Client and has been duly authorized to apply for and use the Card to incur expenses on behalf of the Client and (4) certify that the applicant(s) named herein have consented to the provision of his/her/their information in this Application. The Client shall maintain, for the duration of its Card program, evidence of the applicant's consent to the provision of their information in this Application.

IC Purchase Card Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## NIH Card Approving Official and Cardholder 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 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: \_\_\_\_\_

### 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: \_\_\_\_\_

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