

**REQUEST FOR NEW PURCHASE CARD APPROVING  
OFFICIAL**

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 Card Approving Official. (Send to Help, Creditcard for processing.)

	<b>Card Approving Official (CAO)</b>
<b>Name:</b>	
<b>I/C &amp; Expenditure Organization:</b>	
<b>NIH Badge Number:</b>	
<b>NIH Street Address (i.e., 10 Center Dr):</b>	
<b>BLDG/Room Number:</b>	
<b>City/State/Zip Code:</b>	
<b>Phone Number:</b>	
<b>E-mail Address:</b>	
<b>Job Series &amp; Grade (i.e., 1102/10):</b>	
<b>Previous Card Approving Official</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>(If yes, please specify previous IC):</b>	
<b>Fulltime Telework Employee</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>(If yes, provide the remote address you work from on a permanent basis):</b>	
<b>NIH Purchase Card Training Date</b> <b>(must be within one year of application date):</b>	
<b>Green Purchasing Training Date:</b>	
<b>Section 508 Training Date:</b>	
<b>Warrant Value \$ (if applicable):</b>	

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

**3+**

### **Card 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 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
- have not been involved in any fraudulent actions or mismanaged the purchase card
- 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
- 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:**