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| --- |
| For Office Use Only |
| PCS:  |
| NBS: |
| PNet: |

NIH PURCHASE CARD PROGRAM REQUEST FORM

**Instructions:** Please indicate the action to be processed and email to creditcard@od.nih.gov or fax to 301- 402-2145. **Please enter only one name per request.**

|  |  |  |
| --- | --- | --- |
| **CH Name:**  | **CAO Name:**  | **Account Number (last 4):** |
| **Series/Grade (i.e. 1102/9):**  | **IC:**  | **Date:**  |

|  |  |  |
| --- | --- | --- |
| **Purchase Card Limit:** | **Current Limit: $****[ ]  Single Purchase Limit****[ ]  Monthly Limit** | **New Limit: $**Warrant Type *(If applicable)*:      Signed Date:      Expiration Date:       |
| **Default Project # (CAN)** | **Current:**  | **New:**  |
| **Expenditure Type (OC Code)** | **Current:**  | **New:**  |
| **Name Change** | **Current Name:**  | **New Name:**  |
| **Address/ Phone Number Change**  | **Current:**  | **New:**  |
| **CAO Change****[ ]  Warrant Authority**\*CAO’s must have at least the same level of authority as their cardholders. | **Current:** **Series/Grade (i.e. 1102/9):**  | **New:** **Series/Grade (i.e. 1102/9):**  |
| **Suspensions** | **Begin Date:**  | **End Date:**  |
| **Cancellation****\***NBS User Access forms must be attached to remove P-Card authority. | **[ ]  Check writing Authority****[ ]  Cardholder Account****[ ]  CAO Account** | **Reason:** **[ ]  Left NIH****[ ]  Transferred IC’s** **(list IC)****[ ]  Authority no longer required****[ ]  Misuse (Attach explanation)** |
| **Proxy Request****[ ]  CH** **[ ]  CAO****\***The Cardholder assuming the role of proxy may be suspended if they fail to reconcile on behalf of the absent individual by the required deadline. | **Name on account:** **Name of Proxy\*:** **Begin Date:** **End Date:** **Reason for proxy:****[ ] Cancelled account w/ pending transactions****[ ] Absence/ Extended Leave** |

**IC Purchase Card Coordinator name (**Please print)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IC Purchase Card Coordinator’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please contact the P-Card Helpline @ 301- 435- 6606 with any questions.**

**Form OAMP – PC – 4 Rev. 10/11/2011**