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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](mailto: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**