

**Commonwealth of Virginia
Small Purchase Charge Card Request Form**

Agency Name and Number: 217-Radford University

Date of Request: _____

To: Kimberly McKinney
Agency Program Administrator

A Purchasing Charge Card is hereby requested for the following employee under my supervision.
(please print or type all employee information as requested below)

Name: _____ Date of Birth (MM/DD/YY): _____
(as it should appear on the card)

Banner ID # _____ Email: _____ Work Phone: _____

Mailing Address:

_____ Street _____ City _____ State _____ Zip _____

I hereby certify that I have examined this employee's duties and estimate that the purchasing card will be used for approximately _____ transactions per month at a dollar value range of \$ _____ to \$ _____ per transaction. **[NOTE: A "transaction" is one order placed with a vendor who accepts the card.]**

Based on these estimates, I am requesting limits of \$ _____ per transaction (Not to exceed \$10,000) and \$ _____ total per month (not to exceed \$100,000) be placed on this card. ***Radford University's standard request is \$5,000 per transaction limit and \$5,000 total monthly card limit.***

I agree and understand that, at least annually, the activity on all purchasing cards will be reviewed to ensure limits and card restrictions are appropriate for the card's usage. I will provide written recommendations regarding any limit changes.

I further certify that I will review and approve this cardholder's transactions and supporting documentation on a monthly basis.

Signed: _____ Date: _____
Requesting Authority (Supervisor)

Signed: _____ Date: _____
Employee

Agency Program Administrator Use Only

Approved by Agency Program Administrator: _____

Date entered into system: _____