

March 17, 2010- PCard-06-2010: Official Name on Purchase Card Requests

This information is being sent on behalf of John T. McCain, Program Manager, Charge Card Service Center Program Office.

As communicated in the 'PCard-31-2009: New Charge Card Workflow and Card Issuance Process based on A-123 Mitigation Measures' notice sent on September 30, 2009, the CCSC team assumed the responsibility of new card setup and new hierarchy request from the agencies. New card requests and hierarchy set-ups forms are to be completed and emailed to the ccsc@da.usda.gov for processing and submission to US Bank.

This communication serves as a follow-up to inform you of a change to the 'Cardholder Request for Purchase Card' form. Effective immediately, when completing the new card request form, the name entered in the Cardholder Request for Purchase Card form "Name" field should match the applicant's name on record with the USDA's HR department. For example, the name on the applicant's paycheck should also appear on his/her Purchase Card. Please refrain from the use of nicknames or short names. As such, attached please find an updated Cardholder Request for Purchase Card form, which includes the above requirement.

Revised Purchase Card Request Process (Effective October 1, 2009)

1. The AO completes the attached 'Cardholder Request for Purchase Card' template and submits it to the account Coordinator (LAPC or APC). Please ensure the following:
 - a. The name entered in the 'Name' field **matches** the applicant's name on record with the USDA's HR department.
 - b. The "Line of Accounting" is **correct** on the request submitted so that the request is not rejected. To ensure accuracy, please copy the line of accounting (directly from AXOL) and paste the value into the 'Accounting Segments' field of the Cardholder Request for Purchase Card template.
 - c. The hierarchy is **valid**. Also, please make sure that the processing and reporting hierarchies (i.e., agent/level4; company/level 5; division/level 6; department/level 7) **match**.
 - d. The 'Third Line Embossing' field is completed with the information you want embossed on the card below the cardholder's name
 - e. The form is **signed** by the Approving Official before submitting to the CCSC
 - f. The demographic information (i.e., including zip code) is **valid**, as well as the telephone number and email address **are** included.
2. When entering the Monthly Office Limit (i.e., 30-Day), Single Purchase Limit, and Convenience Check (Y/N), please ensure compliance with the Purchase limit policies
3. The Coordinator (LAPC or APC) will review the request and email the completed request to ccsc@da.usda.gov with cc: to yadira.stamp@da.usda.gov
 - a. Enter "New Purchase Card Request" and the Agency (e.g. ARS) in the subject line of the email
4. The CCSC will perform a Quality Assurance (QA) validation on the agency submitted request and if errors are found, will return to the submitting agency Coordinator for necessary changes and re-submission.

5. Upon completion of a successful request validation review, the CCSC will email a confirmation of receipt to the submitting agency Coordinator with cc: to the agency AO. The submitting Coordinator must reply to this confirmation email to confirm and validate the request for the new card account request.
6. The CCSC will submit the validated request for new card account to US Bank for processing and card issuance.

Please pass this information and the updated form on to your Cardholders, Coordinators (APCs/LAPCs) and approving officials (AOs).

We appreciate all of your assistance and cooperation in implementing the changes identified above, and will strive to minimize negative impacts while we endeavor to comply with A-123 internal control guidance.

Please email any questions to ccsc@da.usda.gov.

Thank you!

CARDHOLDER REQUEST FOR PURCHASE CARD

**All fields are required information*

Cardholder Information:

Name: _____
(Name listed above must match the applicant's name on record with the USDA's HR Department)

Agency/Division/Office: _____

Third Line Embossing: _____
(The first 8 characters will be embossed on the card)

Address: _____
(36 characters max)

Address 2: _____
(35 characters max)

City: _____ State: _____ Zipcode: _____

Telephone No.: _____

E-mail Address: _____

Single Purchase Limit: _____ Monthly Office Limit: _____

Accounting Segments: _____ ***BOC: 2670**
(Copy & Paste the Line of Accounting directly from Access Online)

Convenience Checks: () Yes () No Copy of Training Certificate Attached: () Yes () No

Approving Official Information:

Name: _____

Agency/Division/Office: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone No.: _____ Fax No.: _____

E-mail: _____ Copy of Training Certificate Attached: () Yes () No

Signature of Approving Official Date

For LAPC/APC use only:

Agent ___ Company _____ Division _____ Department _____

Level 1: 00012 Level 2: 01201 Level 3: _____ Level 4: _____ Level 5: _____ Level 6: _____ Level 7: _____

Rec'd Date: _____ Reject Date: _____

Reject Reason: () Incomplete (missing information) () Other _____