CARDHOLDER REQUEST FOR PURCHASE CARD

Cardholder Information: ***All fields are required information***

Name:

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

Agency/Division/Office:
(21 characters max)

Third Line Embossing:

(The first 8 characters will be embossed on the card)

Address 1:
(36 characters max)

Address 2:

City: State: Zip-code:

Telephone No.: E-mail Address:

Single Purchase Limit: Monthly Office Limit:

Line of Accounting: ***BOC: 2670**

(Copy & Paste the Line of Accounting directly from Access Online)

Are Convenience Checks necessary: ☐ Yes ☐ No APC/LAPC: ☐ Yes ☐ No AO: ☐ Yes ☐ No

Copy of (5) Training Certificates attached: ☐ Yes Foreign National: ☐ Yes ☐ No

I certify that I have completed all required training, understand the regulations and procedures, and know the consequences of inappropriate actions.

Signature of Cardholder Date

Approving Official Information:

Name:

Agency/Division/Office:

Address:

City: State: Zip code:

Telephone No.: E-mail Address:

Copy of AXOL Training Certificate attached: ☐ Yes ☐ No

I certify that I have completed all required training, understand the regulations and procedures, and know the consequences of inappropriate actions.

Signature of Approving Official Date

For LAPC/APC use only:

Agent Company Division Department

Level1: Level2: Level3: Level4:

Leve5: Level6: Level7:

Rec'd Date: Reject Date:

Reject Reason: ☐ Incomplete (missing information) ☐ Other