

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 AXOL Training Certificate attached: Yes No 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	<input type="text"/>	Company	<input type="text"/>	Division	<input type="text"/>	Department	<input type="text"/>
Level1:	<input type="text"/>	Level2:	<input type="text"/>	Level3:	<input type="text"/>	Level4:	<input type="text"/>
Level5:	<input type="text"/>	Level6:	<input type="text"/>	Level7:	<input type="text"/>		

Rec'd Date: Reject Date:

Reject Reason: Incomplete (missing information) Other