Office of Procurement & Property Management (OPPM)
Charge Card Service Center (CCSC)

Purchase Card Policy Waiver Request Form

Please type the requested information directly into the form text boxes below.

Date *(month/day/year)*:

Requestor's Name:

First Name *Last Name*

Title:

Agency/Division/Office:

Address:

Street Address (include suite # and/or floor)

City, State, & Zip-code

Telephone (*w/area code*):

USDA E-mail Address:

Reason for Request:

If additional space is required for the "Reason for Request" section, please attach additional supplementary information to the back of this document..
Please reference the section(s) of Departmental Regulation (DR- 5013-6) that pertains to this waiver request in the box/field below:

Signature of Requestor *Date Submitted*

CCSC Office Use Only

☐ **Approve** *Print Name* *Title*

☐ **Disapprove** *CCSC Approving Official Signature* *Date*

Please return the completed form by fax to (202) 720-7044 or by e-mail to ccsc@dm.usda.gov