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How to Complete the Purchase Card Request Form

Training Topics

Purchase Card Request Form Details

Processing and Reporting Hierarchy Levels Section

Cardholder Information Section

Accounting Code and Authorization Limits Section

Approving Official Information Section



Acronym List

Acronym	Meaning
AO	Approving Official
APC	Agency Program Coordinator
AXOL	Access Online
BOC	Budget Object Classification
CCSC	Charge Card Service Center
CH	Cardholder
DAC	Default Accounting Code
GAL	Global Address List (MS Outlook)
LAPC	Local Agency Program Coordinator
SOR	Supervisor of Record



Purchase Card Request Form Details

<p>Who should use the application?</p>	<p>Potential Purchase Cardholders and their AOs and Coordinators use this form to initiate the Purchase Card approval process. The Purchase Card is for making office purchases as defined in the Departmental Regulation 5013-6 and Procurement Advisories. The application is not for Travel or Fleet Cards.</p>
<p>What is the purpose of the application?</p>	<p>The application is mandatory to receive a Purchase Card. A completed application helps determine a users' eligibility requirements.</p>
<p>What is the process for receiving a purchase card?</p>	<p>Potential Cardholders should speak with their APC or LAPC.</p>

CHARGE CARD SERVICE CENTER
OFFICE OF PROCUREMENT PROPERTY MANAGEMENT
REQUEST FOR PURCHASE CARD FORM
Complete all fields as they are REQUIRED

Processing Levels
Agent Number (Same as level 6) [][][][][] Company Number [][][][][]
Division Number (Same as level 6) [][][][][] Department Number (Same as level 7) [][][][][]

Reporting Levels (List levels to which cardholder reports. If Reporting Levels does not exist for the cardholder, leave fields blank.)
Level 1 00012 Level 2 01201 Level 3 ----- Level 4 ----- Level 5 ----- Level 6 -----
Level 7 -----
(Same as Employee Number) (Same as Agent Number) (Same as Company Number) (Same as District Number)

First Name [] MI [] Last Name []
Office Address Line 1 (Maximum of 36 characters) [] City []
Office Address Line 2 (Maximum of 36 characters) [] State []
Zip Code [] Work Phone [] Email []
Third Line Embossing [] Embossing is mandatory. APC or CCSC will reject forms with blank fields. The first 6 characters are embossed on the card.

Yes No Is the Card Account Holder a Foreign National? Yes No Are Convenience Checks Necessary?

Agency/Division/Office (31 Character Max) []

Accounting Code and Authorization Limits Copy and Paste the Default Accounting Code directly from Access Online *BOC: 2670
Default Accounting Code: []
Authorization Limits Budget Object Classification (BOC) will always be 2670
Monthly Office Limit (Account Credit Limit) [] Single Purchase Limit []

Yes No Is the Card Account Holder an APC or LAPC? Yes No Is the Card Account Holder an AO?
 Yes No Are the Necessary Training Certificates Attached?
I certify that I have completed all required training, understood the regulations and procedures, and know the consequences of inappropriate actions.

Cardholder Signature: [Signature] Date: []

Approving Official Information

First Name [] MI (Optional) [] Last Name []

Yes No Is this individual a Supervisor of Record?
If Yes, provide name and grade of Supervisor of Record. Please provide rationale if the AO is not the supervisor of record, and attach the Approving Official Request Form.

Name [] Grade []
Rationale []

Agency/Division/Office []
Office Address Line 1 (Maximum of 36 characters) [] City []
Office Address Line 2 (Maximum of 36 characters) [] State []
Zip Code [] Work Phone [] Email []

Yes No Is a copy of the AXOL training certificate attached? Yes No Is the Approving Official Appointment Request Form Attached? (Only If required)
I certify that I have completed all required training, understood the regulations and procedures, and know the consequences of inappropriate actions. (This form is not required per the information entered above, leave this checkbox blank.)

Approving Official Signature: [Signature] Date: []
To avoid a rejected form, all signatures must be dated within 60 days of submitting to APC or CCSC for their approval.

Questions? Email CCSC@DM.USDA.GOV



Purchase Card Request Form Details

Form Information

- Obtain the Purchase Card Request Form from the [CCSC website](#).
- Updated form in March 2017.
- Divided form into four sections.
 - Processing and Reporting Hierarchy Levels
 - Cardholder Information
 - Accounting Code and Purchase Limits
 - Approving Official Information



Processing and Reporting Hierarchy Levels Section

For LAPC/APC Use Only

CHARGE CARD SERVICE CENTER
OFFICE OF PROCUREMENT PROPERTY MANAGEMENT
REQUEST FOR PURCHASE CARD FORM



Complete all fields as they are **REQUIRED**

Processing Levels

Agent Number

(Same as level 4)

Company Number

(Same as level 5)

Division Number

(Same as level 6)

Department Number

(Same as level 7)

Reporting Levels (List levels to which cardholder reports. If Reporting Levels does not exist for the cardholder, leave fields blank.)

Level 1 00012

Level 2 01201

Level 3

Level 4

Level 5

Level 6

Level 7

(Same as Department Number)

(Same as Agent Number)

(Same as Company Number)

(Same as Division Number)

Field	Correct Use	Specifications
Processing and Reporting Hierarchy Levels	<p>Processing fields and Reporting Levels must always be identical as follows.</p> <p>Level 1 = 00012</p> <p>Level 2 = 01201</p> <p>Level 3 = 000XX (XX is the agency number)</p> <p>Level 4 = Agent</p> <p>Level 5 = Company</p> <p>Level 6 = Division</p> <p>Level 7 = Department</p>	<p>If the listed AO is incorrect, the APC/LAPC must submit a POC Maintenance form.</p> <p>Level 1 value is always 00012.</p> <p>Level 2 value is always 01201.</p> <p>Level 3 is always the Agency number (000XX).</p>



Cardholder Information Section

For Cardholder's Use

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Office Address Line 1 (Maximum of 36 characters)		City
<input type="text"/>		<input type="text"/>
Office Address Line 2 (Maximum of 36 characters)		State
<input type="text"/>		<input type="text"/>
Zip Code	Work Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>
Third Line Embossing	<input type="text"/>	<i>Embossing is mandatory, APG or CCSC will reject forms with blank fields. The first 8 characters are embossed on the card.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the Card Account Holder a Foreign National?	<input type="checkbox"/> Yes <input type="checkbox"/> No Are Convenience Checks Necessary?
Agency/Division/Office <i>(21 Characters Max)</i>	<input type="text"/>	



Cardholder Information Section

Field	Example Correct Use	Specifications
First Name MI Last Name	Jane P. Doe	Use legal name appearing in USDA employee personnel files.
Office Address 1 Office Address 2	300 7 th St SW Room 112	Maximum 36 characters (Address 1) Maximum 35 (Address 2) characters Use same business address in Global Address List (GAL).
City State Zip Code	Washington DC 20250	Must be a recognized postal combination. Check zip code with USPS .
Work Phone	202-669-9999	Maximum 10 digits Must be same office number in GAL
Email	Jane.doe@dm.usda.gov	Must be the same government-issued email in GAL.



Cardholder Information Section

Field	Example Correct Use	Specifications
Third Line Embossing	USDA FS	Maximum 8 characters Refer to APC for agency's correct use.
Is the Card Account Holder a Foreign National?	Yes or No	Check Yes or No.
Are Convenience Checks Necessary?		
Agency/Division/Office	USDA FS R1	Maximum 21 characters



Accounting Code and Authorization Limits Section

For Completion by Cardholder and APC/LAPC

Accounting Code and Authorization Limits		*BOC: 2670
Default Accounting Code:	<i>Copy and Paste the Default Accounting Code directly from Access Online</i>	
	<input type="text"/>	
Authorization Limits	<i>*Budget Object Classification (BOC) will always be 2670</i>	
Monthly Office Limit (Account Credit Limit)	<input type="text"/>	Single Purchase Limit <input type="text"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the Card Account Holder an APC or LAPC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the Card Account Holder an AO?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are the Necessary Training Certificates Attached?	
	<i>I certify that I have completed all required training, understand the regulations and procedures, and know the consequences of inappropriate actions.</i>	
Cardholder Signature:	<input type="text"/>	Date: <input type="text"/>



Accounting Code and Authorization Limits Section

Field	Example of Correct Use	Specifications
Line of Accounting (DAC)	110419WFPR1913	Must be valid for current FY. *BOC pre-populated with 2670.
Monthly Office Limit	Any value \geq SPL	The monthly office limit must be greater than or equal to the single purchase limit.
Single Purchase Limit	\$	A warrant certificate is required for any amount greater than the micro purchase limit.
Is the Card Account Holder an APC or LAPC?	Yes or No	Verify the answer by checking AXOL.
Is the Card Account Holder an AO?		
Are the Necessary Training Certificates Attached?	Attach PDFs of the mandatory training certificates showing completion dates within the past 12 months.	Visit CCSC website for required list of training .
Cardholder Signature Date	Signature, ink or electronic Date	Signed and dated within 60 days of submission.



Approving Official Information Section

For AO's Use

Approving Official Information		
First Name	MI (Optional)	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No Is this individual a Supervisor of Record?		
<small>*If No, provide name and grade of Supervisor of Record. Please provide rationale if the AO is not the supervisor of record, and attach the Approving Official Request Form.</small>		
Name	Grade	
<input type="text"/>	<input type="text"/>	
Rationale	<input type="text"/>	
Agency/Division/Office	<input type="text"/>	
Office Address Line 1 (Maximum of 36 characters)	City	
<input type="text"/>	<input type="text"/>	
Office Address Line 2 (Maximum of 36 characters)	State	
<input type="text"/>	<input type="text"/>	
Zip Code	Work Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is a copy of the AXOL training certificate attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<small>I certify that I have completed all required training, understand the regulations and procedures, and know the consequences of inappropriate actions.</small>		Is the Approving Official Appointment Request Form Attached? (Only if required)
		<small>If the form is not required per the information entered above, leave this checkbox blank.</small>
Approving Official Signature: 	Date: _____	
<small>To avoid a rejected form, all signatures must be dated within 90 days of submitting to APC or CCSC for final approving.</small>		
Questions? Email CCSC@DM.USDA.GOV		

Approving Official Information Section

Field	Example Correct Use	Specifications
First Name MI (Optional) Last Name	Jane P. Doe	Use legal name appearing in USDA employee personnel files.
Supervisor of Record	Yes or No Bob Q. Smith 7 Bob is in the Cardholder's office. The SOR is in HI.	If not cardholder's SOR, include AO's name and grade along with reason for SOR not serving and completed Approving Official Request Form.
Agency/Division/Office	USDA FS R1	Maximum 21 characters
Office Address 1 Office Address 2	300 7 th St SW Room 112	Use same business address in Global Address List (GAL).
City State Zip Code	Washington DC 20250	Must be a recognized postal combination. Check zip code with USPS .



Approving Official Information Section

Field	Correct Use	Specifications
Work Phone	202-669-9999	Maximum 10 digits Must be same office number in GAL
Email	Jane.doe@dm.usda.gov	Must be the same government-issued email in GAL.
Is a copy of AXOL training certificate attached?	Yes or No	Select Yes if AO's certificate is attached. Select No if no attached certificate.
Approving Official Signature Date	Signature, ink or electronic Date	Signed and dated within 60 days of submission.



Conclusion

- After completing this training, now users can take the following action.
 - Access the needed application or form.
 - Submit a completed and error-free form per their agency's process.

