

Commonwealth of Virginia
Small Purchase Charge Card Request Form

Agency Name and Number 217-Radford University

Date of Request _____

To: Kimberly McKinney
Agency Program Administrator

A Purchasing Charge Card is hereby requested for the following employee 580 Td 2[a 677777777] Least 9000.00 Monthly and card restrictions are appropriate for Official University

_____ or the card's usage. I will provide written recommendations regarding any limit changes.

I further certify that I will review and approve this cardholder's transactions and supporting documentation on a monthly basis.

Signed: _____ Date: D _____
Requesting Authority (Supervisor)

Signed: _____ Date: D _____
(P S O R \ H H

Agency Program Administrator Use Only

Approved by Agency Program Administrator: _____

Date entered into system: _____