

State of Rhode Island
Department of Administration



PURCHASE CARD PROGRAM

AUTHORIZATION FORM FOR NON-CARDHOLDER TO PICK UP PURCHASE CARD

I, _____, of _____
(signatory on PC-2) (Agency/Department)

give _____ permission to pick up the following card.

Name on Card: _____

Last Four Digits of Card Number: _____

Signature: _____

Date: _____