

State of Rhode Island  
Department of Administration  
Office of Accounts and Control



**PURCHASE CARD REQUEST FORM - INDIVIDUAL**

**Cardholder Information:**

Cardholder's Name: \_\_\_\_\_

Department: \_\_\_\_\_

Hierarchy Node: \_\_\_\_\_

Is PaymentNet4 Access Required?                      No                      Yes (PC-5 Required)

Email Address: \_\_\_\_\_

Complete Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_                      DOB: \_\_\_\_\_

**Card Information:**

Approver's Name: \_\_\_\_\_

Approver's Email: \_\_\_\_\_

Limit # of transactions per day to \_\_\_\_\_      Limit # of transactions per month to \_\_\_\_\_

Limit \$ \_\_\_\_\_ per transaction\*                      Limit \$ \_\_\_\_\_ per month \*

\* Explanation/Justification for increase (if applicable): \_\_\_\_\_

**List Default Accounting Needed:**

Fund Agency \_\_\_\_\_

Line Item Sequence: \_\_\_\_\_

Natural Account: \_\_\_\_\_

Cost Center: \_\_\_\_\_

\_\_\_\_\_  
**Type/Print Name of Authorized Agent**

\_\_\_\_\_  
**Signature of Authorized Agent/Date**