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

PURCHASE CARD REQUEST FORM - INDIVIDUAL

Cardholder Information:

Cardholder's Legal Name:_____

Home Address: _____

Country of Citizenship:_____ Date of Birth: _____

Department:_____ Hierarchy Node:_____

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

Complete Business Address:_____

Email Address:_____Business Phone:_____

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**