

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: _____

Reconciler's Name: _____ Reconciler's Employee ID: _____

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