

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



PURCHASE CARD REQUEST FORM - DEPARTMENTAL

Card Information:

Name to be Printed on Card: _____

Department: _____

Hierarchy Node: _____

Department Cardholder (person to sign PC-2b): _____

Email Address: _____ Business Phone: _____

Complete Business Address: _____

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