



**APPLICATION  
FOR  
GPC BILLING OFFICIAL OR CARDHOLDER ACCOUNT**

Name:		Title:			
Component:		Email:		Phone:	
Mailing Address:			City:		State: Zip:

**Type of Account (Check one)**

Replacement of Existing Account:	Billing Official:	Cardholder:
New Requirement:	Billing Official:	Cardholder:

**Suggested Purchase Limits**

Single Purchase Limit (GPC-\$3,500 Training-\$25,000 maximum):	\$
Monthly Purchase Limit (based upon historical spending):	\$

**Billing Official Data: (fill in if Application is for Cardholder account)**

Name:	Phone:	Email:
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**Supervisor Certification**

Name of Billing Official or Cardholder:		
<p>is hereby nominated to participate in the Governmentwide Purchase Card Program. This individual is under my supervision and, to the best of my knowledge, all of the following statements are true:</p> <ul style="list-style-type: none"> <li>• The nominated individual has a continuing need to purchase items to perform the mission of the agency.</li> <li>• Adequate monthly funding is available and will be reserved in accordance with organizational procedures for financial management.</li> <li>• The individual is trustworthy and responsible.</li> <li>• The issuance of a card to this individual will not create a conflict of interest nor establish more than seven (7) Cardholders for the Billing Official.</li> </ul> <p>I will advise the Agency Program Coordinator (APC) when the card is no longer needed to fulfill mission requirements on a continuing basis or if the Billing Official or Cardholder leaves his/her current position.</p>		
Supervisor's Name:		Supervisor's Signature:
Date:	Email:	Phone:

**Procurement Use Only:**

Date:	New Account No:	Account Established by:
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