

**PURCHASE CARD APPROVAL AUTHORITY**

*(For New Approving Officials)*

**APPROVING OFFICIAL INFORMATION**

First Name	Middle Initial	Last Name	
Office Address	City	State	ZIP Code
E-Mail Address			Office Phone Number
Supervising Manager's Name			
Supervising Manager's E-Mail Address			Supervising Manager's Phone Number
Cardholder's Name			

**SERVICE/STAFF OFFICE** *(Choose one of the following)*

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|--|--|
| <input type="checkbox"/> Office of the Administrator (A)           | <input type="checkbox"/> Office of Inspector General (J)                           |
| <input type="checkbox"/> Office of Civil Rights (AK)               | <input type="checkbox"/> Office of General Counsel (L)                             |
| <input type="checkbox"/> Office of the Chief Financial Officer (B) | <input type="checkbox"/> Office of Government-wide Policy (M)                      |
| <input type="checkbox"/> Office of Human Resources Management (C)  | <input type="checkbox"/> Office of Customer Experience (O)                         |
| <input type="checkbox"/> Office of Mission Assurance (D)           | <input type="checkbox"/> Public Buildings Service (P)                              |
| <input type="checkbox"/> Office of Small Business Utilization (E)  | <input type="checkbox"/> Federal Acquisition Service (Q)                           |
| <input type="checkbox"/> Civilian Board of Contract Appeals (G)    | <input type="checkbox"/> Office of Congressional and Intergovernmental Affairs (S) |
| <input type="checkbox"/> Office of Administrative Services (H)     | <input type="checkbox"/> Office of Strategic Communication (Z)                     |
| <input type="checkbox"/> Office of GSA IT (I)                      | <input type="checkbox"/> Other (Specify)   |

**REPORTING HIERARCHY** *(To be completed by the Purchase Card Coordinator)*

Hierarchy Level 1	Hierarchy Level 2	Hierarchy Level 3	Hierarchy Level 4
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**APPROVING OFFICIAL CERTIFICATION AND SIGNATURE**

*I certify that I am not subordinate to the above cardholder and will ensure that the purchase card is used properly in accordance with all purchase card policy and procedures.*

Name	Signature	Date
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**SUPERVISING MANAGER CERTIFICATION AND SIGNATURE**

*I certify that the Approving Official is the same or higher grade as the cardholder and is in the same Service or Staff Office as the cardholder.*

Name	Signature	Date
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**PURCHASE CARD COORDINATOR SIGNATURE**

Name	Signature	Date
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