

REQUEST FOR CONVENIENCE CHECKS

DATE:

TO: Georgiann Wilson, A/OPC

FROM:

The following individual is nominated to be a convenience checkwriter. (Send to Help, Creditcard for processing.)

	Cardholder
Name:	
I/C & Expenditure Organization:	
NIH Badge Number:	
Street Address (i.e., 10 Center Dr):	
BLDG/Room Number:	
City/State/Zip Code:	
Phone Number:	
Fax Number:	
E-mail Address:	
Job Title:	
Job Series & Grade (i.e., 1102/10):	
NIH Purchase Card Training Date:	
Green Purchasing Training Date:	
Section 508 Training Date:	
Warrant Value \$ (if applicable):	
Check Limit:	\$3,000
Default Project # (CAN):	
Default Expenditure Type (OC Code):	

Provide justification that describes the circumstances under which the checks will be written:

IC Purchase Card Coordinator's signature: _____ Date: _____

Supervisor's signature: _____ Date: _____

CAO's signature: _____ Date: _____