

**ARMY CONTRACTING COMMAND - ROCK ISLAND
GOVERNMENT PURCHASE CARD PROGRAM
CARDHOLDER APPLICATION/NOMINATION
ALL SECTIONS MUST BE FULLY COMPLETED**

CARDHOLDER INFORMATION:

NAME (LAST, FIRST, MI):

TITLE/RANK:

ORGANIZATION:

ADDRESS:

CARDHOLDER EMAIL:

PHONE (COMM):

DSN:

SUPERVISOR NAME AND EMAIL:

REQUESTED GPC SPENDING AUTHORIZATIONS:

CARDHOLDER SINGLE PURCHASE LIMIT: \$ _____

CARDHOLDER MONTHLY 30-DAY PURCHASE LIMIT: \$ _____

PLEASE CHECK TYPE OF CARD TO BE USED :

GENERAL GPC:

TRAINING CARD:

ORDERING OFFICER: Contract #: **A copy of the contract must be submitted if requesting this type of card. Delegation letters cannot be processed without a copy of the contract.**

ORF CARD:

SDDC ONLY CARDHOLDER ASSIGNED AGENT #:

As the RESOURCE MANAGER, I verify that the above information is correct.

NAME OF RM: (LAST, FIRST, MI):

TITLE:

SIGNATURE:

(DIGITAL SIGNATURE IS ACCEPTABLE)

DATE:

APPROVAL INFORMATION – BILLING OFFICIAL SIGNATURE REQUIRED:

NAME OF CARDHOLDER THIS APPLICANT WILL BE REPLACING:

I certify that as the BILLING OFFICIAL for the cardholder on this account, I am senior to the Cardholder on this account and in their direct line of supervision.

TITLE/RANK:

EMAIL ADDRESS:

SIGNATURE:

DATE: