

SOUTH CAROLINA MILITARY DEPARTMENT

Request to Issue State Purchasing Card

Cardholder Information

Prospective Cardholder: _____

Department/Program: _____

SSN: _____

Cardholder Phone #: _____

Cardholder Email Address: _____

Office Mailing Address:

Requested Credit Limit: _____

Requested Single Transaction Limit: _____

Department Liaison: _____

Program Manager: _____

Signatures

Cardholder:

Dept Head or _____

Date: _____

Program Manager: _____

Date: _____

P-Card Administrator: _____

Date: _____