

# 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: \_\_\_\_\_ Date: \_\_\_\_\_

Program Manager: \_\_\_\_\_ Date: \_\_\_\_\_

P-Card Administrator: \_\_\_\_\_ Date: \_\_\_\_\_