

## **Employee Credit Card Request Form**

Employee Information
Employee Name:
Employee Title:
Date of Request:
Credit Card Limit Requested:
Description of Credit Card Use
Please provide a detailed description of what the credit card will be used for. Include information about the types of expenses, vendors, and the relevance of these expenses to PHDC's activities and goals.
Justification for Credit Card Use
Explain why a credit card is necessary for the expenses described above. Provide details on how it will streamline operations, enhance efficiency, or support the organization's mission.

Supervisor Approval (if necessary)
Supervisor Name (print name):
Supervisor Signature:
Date:
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Finance Department Review
Request (please check): Approved $\Box$ / Denied $\Box$
Type of Credit Card to be issued: Physical $\Box$ / Virtual $\Box$
Credit Card Limit:
Finance Department Comments:
Finance Department Representative (Print Name):  Signature:
Date: