

GSA Credit Card Internal Application

OFFICE OF
THE DIRECTOR

Ph: (340) 774-4750
Fax: (340) 776-4028

GOVERNMENT OF
THE UNITED STATES VIRGIN ISLANDS

Mailing Address:
2314 Kronprindsens Gade
Charlotte Amalie, VI 00802



Street Address:
76 Kronprindsens Gade
Charlotte Amalie, VI 00802

DEPARTMENT OF FINANCE (DOF)

GSA Credit Card Application Package GSA Form#1

I _____, AGENCY HEAD, REQUEST FOR A GSA CREDIT CARD

FOR (SELF OR OTHER) _____. I HEREBY GRANT
(circle appropriate one) (Print full Name)

PERMISSION TO SAID INDIVIDUAL _____.

SIGNATURE: _____ DATE: _____

CARDHOLDER INFORMATION (please print clearly)

Full Name: _____ Date of Birth: ____/____/____

Physical Address: _____ Department Name: _____

Primary Contact # _____ Secondary Contact# _____

Email Address: _____

Position Title: _____ (Classified or Unclassified) _____

Amount of Credit Card request \$ _____ (not to exceed \$20,000)

Card Holder Signature: _____

CERTIFYING OFFICER (please print clearly)

Fund Code: _____ Org Code: _____ Object Code: _____ Project Code: _____
(Federal funds are disallowed for this process.)

Certifying Officer Signature _____

You will receive a letter within ten (10) business days to secure a purchase order through the Department of Property and Procurement.