

OFFICE OF THE COMMISSIONER

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GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS
DEPARTMENT OF FINANCE
GSA CREDIT CARD APPLICATION PACKAGE

GSA FORM #1 · SOPP DOF-GSA-2020-01

SECTION 1 — REQUEST INFORMATION

1. Cardholder Name (Print Full Name)

2. Title / Position

3. Agency / Department

4. Request Type (Check One)

☐ New Card ☐ Replacement Card ☐ Credit Limit Increase5. Justification / Business Need for Card (Brief Description) *(use as much space as needed)***SECTION 2 — CARDHOLDER INFORMATION (Please print clearly)**

1. Full Name

2. Date of Birth (MM / DD / YYYY)

3. Department / Division

4. Physical Address

5. Email Address

6. Primary Contact Number

7. Secondary Contact Number

8. Reconciler of GSA Card Account (Print Full Name)

9. Reconciler Title

SECTION 3 — ACCOUNT DETAILS

1. Position Classification (Check One)

☐ Classified ☐ Unclassified

2. Amount of Credit Card Request (\$) — Not to exceed \$20,000

SECTION 4 — FUNDING VERIFICATION (To Be Completed by the Certifying Officer)

List all funding sources that will be used to pay for purchases made with this credit card.

FUND CODE	ORG CODE	OBJECT CODE	PROJECT CODE	PERCENT (Opt.)	AMOUNT (\$)	DESCRIPTION / PURPOSE

Certification: I certify that sufficient appropriated funds are available and have been identified for expenditures made under this credit card. The funding information provided is accurate and complies with all applicable Government of the Virgin Islands policies and procedures.

Certifying Officer Printed Name

Title

Certifying Officer Signature

Date (MM/DD/YYYY)

SECTION 5 — AUTHORIZATIONS

Cardholder Certification: I certify that I have read and will comply with the GSA Credit Card Policy & Procedures (SOPP DOF-GSA-2020-01), all applicable Executive Orders, and any other policies issued by the Department of Finance. I understand that misuse of this card may result in suspension or termination of card privileges and other disciplinary action.

Cardholder Signature

Date (MM/DD/YYYY)

Agency Head / Requesting Official Approval: I approve this request and certify that the cardholder is authorized to use the GSA Credit Card for official government business only.

Printed Name

Title

Signature

Date (MM/DD/YYYY)

SECTION 6 — FOR DOF USE ONLY

Date Received (MM/DD/YYYY)

Approved

☐ Yes ☐ No

Credit Limit Approved (\$)

Comments

DOF Authorized Signature

Date (MM/DD/YYYY)

IMPORTANT REMINDERS

- This card is for official government use only.
- Federal funds are disallowed for this process.
- Itemized receipts and supporting documentation are required for all transactions.
- All charges must comply with applicable policies and laws.
- Late or missing payments/documentation may result in suspension or termination of card privileges.