

Office of Procurement & Property Management (OPPM) Charge Card Service Center (CCSC)

Approving Official Appointment Request Form

Date of Request:		Cardholder Name	::
Supervisor-of-Board Information			
Supervisor Name:			
Agency/Division/Office:			
Address:			
City:	_ State:	Z	Cip Code:
Telephone No.:		Fax No.:	
Email:		Supervisor's Grad	de:
Supervisor's Signature:			
Appointed AO Information			
AO Name:			
Agency/Division/Office:			
Address:			
City:	_ State:	Z	Cip Code:
Telephone No.:		Fax No.:	
Email:		AOs Grade:	····
Attach Copy of AOs Training Certificate			
Justification:			