pennsylvania
OFFICE OF THE BUDGET

Comptroller Operations

Purchasing Card Program
Agency Coordinator Authorization Form

Agency Name_____ **Agency No.**_____

Agency Coordinator ☐ **New**

☐ **Replacement for** _____

Agency Coordinator Name _____

Street Address _____

City _____**State** _____ **Zip Code** _____

Phone _____ **Fax** _____

Email _____

Signature _____

Back Up Coordinator ☐ **New**

☐ **Replacement for**_____

Back Up Agency Coordinator Name _____

Street Address _____

City _____**State** _____ **Zip Code** _____

Phone _____ **Fax** _____

Email _____

Signature _____

Program Administrator Signature

_____**Date** _____

Please email form to:

Barbara Mazich at bmazich@pa.gov or
Michele Rinaldi-Kepp at mrinaldi@pa.gov