

**Procurement Card Decision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I hereby recommend that \_\_\_ (number) BANK, Procurement Cards be issued to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Location/Unit). The cards should be issued to the staff members listed below.

The Location/Unit’s monthly spend on the Procurement A/C will be limited to €\_\_\_\_\_\_\_\_\_\_\_ (Amount) and individual limits will apply as detailed below.

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| --- | --- | --- | --- | --- | --- |
| NAME | TITLE | TRANSACTION LIMIT | MONTHLY CARD LIMIT | CASH WITHDRAWAL ALLOWED | INTERNET PURCHASES ALLOWED |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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Recommended by:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Line Manager

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACFO/ CHO Head of Finance / Chief Executive Officer Hospital Groups or officer designate

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National Director or officer designate