

# E-Card

DORMANT

# Emergency

## PURCHASING CARD APPLICATION FORM

The Emergency Purchasing Card (E-Card) is to be used only for emergency purchases in the event of a State of Emergency declared by the Governor of the State of Connecticut. Each participating state agency has entered into an agreement to comply with State Policies and Procedures specifically established for the E-Card during a State of Emergency.

LAST 4 DIGITS  
OF ACCOUNT NUMBER

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AGENCY:

Billing Information *(please leave blank)*:

### CARDHOLDER INFORMATION

Cardholder Name (as it will appear on your card-up to 24 characters)			E-mail Address		
Tax-Exempt ID Number - assigned to your agency (printed on card) 06-6000798- <input type="text"/>			Work Phone		
Agency Name (Address Line 1 - cardholders address info)			Mother's Maiden Name or Password		
Agency Street Address (including room number)			Date of Birth		
City	State	Zip	Employee ID <i>(to be used for verification with bank in place of Social Security number)</i> 123- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

### PROCESSING APPROVALS

Agency Coordinator (Please Print)	Agency Coordinator Phone Number
Agency Coordinator Signature	Date
Purchasing Card Administrator Signature Kerry S. DiMatteo	Date

### E-CARD LIMITS

Cycle Spending Limit	<b>\$250,000</b>	Single Purchase Limit	<b>\$10,000</b>	MCC
Maximum # Transactions/Day	<b>999</b>	Maximum # Transactions/Cycle:	<b>999</b>	12-E

### CARDHOLDER ACKNOWLEDGE OF RECEIPT OF NEW CARD

I acknowledge receipt of one (1) State of Connecticut Dormant E-Card and receipt of all applicable training materials. I understand this Dormant E-Card is authorized with emergency card limits and will not be activated until the Governor declares a state of emergency. I will carry it with me and agree to use it in accordance with the work rules and as presented in the mandatory training session.

SIGNATURE OF CARDHOLDER:

DATE:

Check here that you have updated your emergency list with Office of the State Comptroller and emailed that list to [elise.helmecki@po.state.ct.us](mailto:elise.helmecki@po.state.ct.us).

Mail applications to:  
Office of the State Comptroller  
55 Elm Street, Room 103, Attn: Elise Helmecki  
Hartford, CT 06106