

**REQUEST FOR CONVENIENCE CHECKS**

For Office Use Only
PCS:
NBS:
PNet:

**DATE:**

**TO:** Doreen J. Rappaport, Purchase Card Program Manager

**FROM:**

The following individual is nominated to be a convenience checkwriter. (Send to Help, Creditcard for processing.)

<b>IC:</b>	<b>Cardholder Name:</b>	<b>CAO Name:</b>
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Convenience checks are intended only for use with merchants that do not accept purchase cards and for other authorized purposes where the purchase card is not accepted. They should only be used as a payment method of last resort.

Examples of such use may include:

- Compensation for participants in medical studies/trials  
**NOTE:** HHS employees participating in medical studies/trials **CANNOT** be issued convenience checks; payment via electronic funds transfer is required for those individuals.
- Individuals or small businesses (e.g., photographers, consultants) that do not have merchant accounts with a card provider and products/services are not available from any other source
- Compensation to individuals who are performing a professional service for NIH (also referred to as a PSO) and the individual does not have the appropriate EFT information registered with NIH. Professional services are generally provided by an individual who is asked to serve as a guest speaker for NIH and engages in a vocation or occupation requiring advanced education and training.
- Payment for NIH patient related services, e.g., blood draws, lymphs, monos, apheresis, bone marrow aspiration, phlebotomy, and other procedures relating to health care patients.

**Cardholder:** I \_\_\_\_\_ will ensure that the convenience checks are only issued for official Government business and that the procedures as outlined in this policy and in the HHS Purchase Card Program Guide are followed.

\_\_\_\_\_  
**Cardholder signature:**                      **Date:**

\_\_\_\_\_  
**Supervisor signature:**                      **Date:**

\_\_\_\_\_  
**CAO signature:**                              **Date:**

\_\_\_\_\_  
**Purchase Card Coordinator signature:**                      **Date:**

**NOTE: Must be at least 18 years of age and an NIH employee**