

Attachment 1

State of Georgia Purchasing Card Program NEW CARDHOLDER / PROFILE CHANGE REQUEST FORM							
Department Name:							
Check the appropriate box for the type of request: <input type="checkbox"/> New Cardholder Request <input type="checkbox"/> Cardholder Profile Change Request <input type="checkbox"/> Card Renewal							
Justification for Request:							
Cardholder Name:				Cardholder Signature:			
Cardholder Department Mailing Address:				Cardholder Phone Number:			
				Cardholder Email Address:			
Default Department ID:							
Single Transaction Limit: Not to exceed \$4999				Monthly Credit Limit: Not to exceed \$24,999			
Cardholders Supervisor/Approver				Signature:			
VP Finance and Administration				Signature:			
<u>IMPORTANT:</u> Form will not be considered complete until all required signatures are affixed. Email, Fax or Mail form to: Mark Meeks - mark.meeks@gcsu.edu - Fax 478-445-1931 - Campus Box 31							
<u>FOR OFFICIAL USE ONLY</u>							
<input type="checkbox"/> Approved		<input type="checkbox"/> Disapproved					
Reason:							
By:				Title: Sr. Director of Materials Management			
Date:							