



Georgia State University Purchasing Card Request Form

Cardholder Information

Name:
GSU Dept Name:
Address (PO Box):
Atlanta, GA 30302

Employee ID # (7 digits)

Authorization Controls

Monthly Credit Limit
\$

Single Transaction Limit
\$

Default Account & Reporting Hierarchy Information

Default Account Information	
Speedtype	
Project	
Project Expiration Date	

Reporting Hierarchy	
Level	Name
College/Admin	
School/Unit	

Please indicate which role will be assigned to perform each of the following tasks in WORKS listed below.

CH = Cardholder, AP = Approver, DH = Department Head, FAC = Facilitator

*More than one individual may be assigned to complete the function listed.

Access to WORKS Application

WORKS Task	Check the Designated Roles			
	CH	AP	DH	FAC
<i>Change speedtypes in WORKS*</i>				
<i>Sign off on purchases in WORKS</i>				
<i>Run Reports in WORKS*</i>				

Georgia State University Purchasing Card Request Form (cont'd)

Purchase Card Issuance Approval

By signature below, I certify that I have completed the PCard PowerPoint Online Training at:

<http://www2.gsu.edu/~wwwpch/pcardtraining/PCardOnlineTraining.pps>

Department Name & College or VP Area	
Print Cardholder's Name	
Cardholder's Signature	
Print Approver's Name	
Approver's Signature	
Print Facilitator's Name	
Facilitator's Signature	
Other Approving Authority's Name	
Other Approving Authority's Signature	
Date	

INSTRUCTIONS FOR PURCHASE CARD APPLICATION

1. **Cardholder's Name:** Must be the individual that will use card. Card cannot be issued in a department's name.
2. **Mailing Address:** Use your departmental U. S. Post Office Box
Atlanta, GA 30302-XXXX
3. **Employee ID.**
4. **Authorization Controls:** State the Monthly Credit Limit and the Single Transaction Credit Limit for this cardholder. The State of Georgia has imposed a single transaction limit up to \$4,999. You may choose this limit or less. Requests for single transaction limits between \$2,500 and \$4,999 require approval by the College/Division Chief Administrative Officer. The monthly credit limit should be based upon funds that are available in your departmental supply budget.
5. **Default Account:** This is the GSU account to which all your charges will be billed. This account must be a state-funded or project account. No foundation or agency accounts are allowed for the state purchase card. Please use the SPEEDTYPE. **Important:** If the default account is for a project, please indicate the expiration date of that project.
6. **Reporting Hierarchy:** Please indicate College level and the Unit or Department.
7. **Access to WORKS Application:** Determine what type of access the Cardholder, Approver, and Department Head will have in the WORKS application. If there is an individual other than the Approving Official or Department Head who will perform accounting tasks on behalf of the cardholder, they will be a Facilitator. State the type of access this person will have in WORKS.
8. **Purchasing Card Issuance Approval:**

Department Name: Enter the department name

Print Approver's Name (this must be an individual authorized to approve budget expenditures and must not be the cardholder)

Facilitator's Name: (this is an individual, other than the cardholder or approver, who will perform tasks in WORKS on the cardholder's behalf)

Other Approving Authority (i.e. - Department Head, VP, College Administrative Officer, etc.). This is the individual who authorizes the cardholder to have a p-card and designates the approver and the facilitator. *Important: The Other Approving Authority must assign a knowledgeable individual acting in a supervisory capacity as the Approver. No cardholder shall be allowed to be his or her own "approver".*