

By signature below, I certify that I have completed the Pcard PowerPoint Online Training at:
<http://www2.gsu.edu/~wwwpch/pcardtraining/PCardtraining.ppt>

Georgia State University Purchasing Card Request Form

Cardholder Information

Cardholder Name

Employee ID

Mailing Address	
GSU/Department Name	
Address (P.O. Box)	
Atlanta, GA 30302	

Authorization Controls

\$\$ Monthly Credit Limit

\$\$ Single Transaction Credit Limit

Default Account & Reporting Hierarchy Information

Default Account Information	
Speedtype	
If project, indicate expiration date	

Reporting Hierarchy	
Level	Name
College/Admin	
School/Unit	
Project	

Procurement Card Issuance Approval

Department Name & College or VP Area	
Cardholder's Signature	
Print Approver's Name	
Approver's Signature	
Date	

GUIDE FOR COMPLETING 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. **Social Security Number:** Only last 4 digits.
3. **Mailing Address:** Use your departmental U. S. Post Office Box
Atlanta, GA 30302-XXXX
4. **Authorization Controls:** Only the Monthly Credit Limit and the Single Transaction Credit Limit is needed. The State of Georgia has imposed a transaction limit of \$4,999. You may choose this limit or less. Requests for limits between \$2,500 and \$4,999 require approval by the College/Division Chief Administrative Officer. The credit limit (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. Please use the SPEEDTYPE. **Important:** If the default account is for a project, please indicate the expiration date of the project.
6. **Reporting Hierarchy:** Please indicate College level as well as the Unit or Department.
7. **Procurement Card Issuance Approval:**

Department Name:

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

Approver's Signature:

Date: