

Send completed form to: Purchasing Department, PO Box 4016
 Or deliver to: 1 Park Place, Suite 901 Atlanta, GA 30303



Georgia State University Purchasing Card Request Form

Cardholder Information

Name:
Dept. Name:
Mailing Address:
Email:
Phone:

Employee ID # (7 digits)

Authorization Spending Controls

Monthly Credit Limit
\$

Single Transaction Limit
\$

Default Account & Reporting Hierarchy Information

Default Account Information	
Speedtype	
Project	
Project Expiration Date	

Reporting Hierarchy Level	
College/Section Name	
School/Unit Name	

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

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

Access to WORKS Application

WORKS Task	Check the Designated Roles			
	Cardholder	Approver 1	Approver 2	Facilitator
<i>Change speedtypes in WORKS*</i>				
<i>Run reports & review cardholders' transactions in WORKS</i>				

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

Purchase Card Issuance Approval

Department Name & College or VP Area	
Print Cardholder's Name	
Cardholder's Signature	
Print First Approver's Name	
First Approver's Signature	
Print Second Approver's Name	
Second Approver's Signature	
Print Dean or VP Name	
Dean or VP Signature	
Print Facilitator's Name (if applicable)	
Facilitator's Signature	
FOR PURCHASING DEPARTMENT	
Print Executive Vice President and COO Name	L. Jared Abramsom
Executive Vice President and COO's Signature	
Date	

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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 the format below:
Department Name
Department PO Box Number and/or Street address
City, State, Zip Code
3. **Employee ID.**
4. **Authorization Spending 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. Limits will be granted according to availability on the established PCard plan.
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 Facilitator 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 or a subordinate of 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)

This section will be completed by the Purchasing Department

Senior Vice President of Finance & Administration: responsible for overseeing the card program.