

Send completed form to: Purchasing Department, PO Box 4016 or
Fax to 404-413-3164 or email completed form to purchasing@gsu.edu



Georgia State University Purchasing Card Change Request Form

Date: _____ Cardholder Name¹ _____

Cardholder Email: _____ Last 4 Digits of Card _____

Department Name: _____ Extension: _____

ACTION REQUESTED:

☐ **Change Default Speed Type/Project** from: _____ to _____

☐ **Cancel Card (include reason or date leaving GSU)** _____

Other P-Card roles held by the cardholder (Place a checkmark in the appropriate space):

___ AO ___ DH ___ FAC

Remain Active: ___ Yes ___ No

☐ **Change the Single Transaction Limit (STL)** Current STL: \$ _____ New STL: \$ _____

☐ **Change the Monthly Credit Limit (CL)** Current CL: \$ _____ New CL: \$ _____

☐ **Change access in WORKS for Cardholder, Approving Official or Facilitator :** _____

Select type of access: ___ GL Auth Only (access to specific speedtypes)

___ GL Coder (access to change speedtypes on transactions)

☐ **P-Card Role Addition/Change:**

Current Department Head (DH)	Current Approving Official	Current Facilitator (FAC)
New Department Head Printed	New Approving Official Printed	New Facilitator Printed
New Department Head Signature	New Approving Official Signature	New Facilitator Signature

Department Head Name: _____ Signature²: _____

FOR OFFICIAL USE ONLY

Training Complete: ___ Yes ___ No Ethical User Agreement Signed: ___ Yes ___ No

Approved By: _____ Title: PCard Administrator Date: _____

☐ Denied Reason: _____

¹If the Department Head or Approving Official is changing for multiple cards, only one form is needed. Please attach a list of all cardholders assigned to that DH or AO.

²Department Head signature may not be delegated and must be an original signature.