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| --- |
| **Background pattern  Description automatically generated with medium confidence****PURCHASING CARD PLAN CARDHOLDER PROFILE FORM** |
| **State of Georgia Purchasing Card Program** |
| **Type of Request:** | [ ]  | New Cardholder |  | [ ]  | Card Renewal | [ ]  |  Profile Change Request |  |  |  |
|  |   |
|  | **CARDHOLDER INFORMATION** |  |
|  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |       |  |       |  |
|  | **Cardholder Name** |  | **Employee ID** |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |       |  |       |  |  |
|  |  | **Cardholder Title** |  | **Department/Work Unit Name** |  |  |
|  |  |       |  |       |  |       |  |       |  |  |
|  |  | **Cardholder Mailing Address** |  | **City** |  | **State** |  | **Zip** |  |  |
|  |  |       |  |       |  |  |
|  | **Cardholder Email Address** |  | **Cardholder Phone Number** |  |
|  |  |       |  |       |  |  |
|  |  | **Supervisor’s Name** |  | **Department Manager/Head** |  |  |
|  |

# Default Charging Information

| **DEPARTMENT ID** | **FUND** | **FUND SOURCE** | **ACCOUNT NUMBER** | **PROJECT** | **CLASS** |
| --- | --- | --- | --- | --- | --- |
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|  |
|       |       |       |       |       |       |

# Spending Limits

Default limits are shown. These can be changed but the requestor must provide justification.

| **SPENDING LIMIT**  | **AMOUNT** | **JUSTIFICATION NEEDED IF ABOVE LIMIT THRESHOLD****(ATTACH SUPPORTING DOCUMENTATION IF NEEDED)** |
| --- | --- | --- |
|  |
|  |
| Single Transaction Limit(Up to STL threshold $4,999.99) |       |       |
| Cycle Limit (Up to CL threshold $24,999.99) |       |       |

# Approvers and Reconciler

| **RECONCILER** | **APPROVER 1NAME/TITLE** | **APPROVER 2NAME/TITLE** |
| --- | --- | --- |
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|       |       |       |

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| --- | --- |
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|  | **SIGNATURES** |  |
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|  |  |       |  |  |       |  |  |
|  |  | **Cardholder Signature** |  |  | **Date** |  |  |
|  |  |       |  |  |       |  |  |
|  |  | **Supervisor Signature** |  |  | **Date** |  |  |
|  |  |       |  |  |       |  |  |
|  |  | **P-Card Administrator Signature** |  |  | **Date** |  |  |
|  |  |       |  |  |       |  |  |
| \ |  | **CFO Signature** |  |  |  |  |  |  |  |  | **Date** |  |  |
|  |   |