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:

<table>
<thead>
<tr>
<th>Current Department Head (DH)</th>
<th>Current Approving Official</th>
<th>Current Facilitator (FAC)</th>
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<th>New Department Head Printed</th>
<th>New Approving Official Printed</th>
<th>New Facilitator Printed</th>
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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.