

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



**Georgia State University Purchasing Card Request Form**

**Cardholder Information**

<b>Name:</b>
<b>Dept. Name:</b>
<b>Address (PO Box):</b>

<b>Employee ID # (7 digits)</b>
<b>Date of Birth (mm/dd/yyyy)</b>

**Authorization Spending Controls**

<b>Monthly Credit Limit</b>
\$

<b>Single Transaction Limit</b>
\$

**Default Account & Reporting Hierarchy Information**

Default Account Information	
<b>Speedtype</b>	
<b>Project</b>	
<b>Project Expiration Date</b>	

Reporting Hierarchy	
<b>Level</b>	
<b>College/Admin Name</b>	
<b>School/Unit Name</b>	

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	Facilitator
<i>Change speedtypes in WORKS*</i>			
<i>Run reports &amp; review cardholders' transactions in WORKS</i>			

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



**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 Facilitator's Name (if applicable)	
Facilitator's Signature	
<b>FOR PURCHASING DEPARTMENT</b>	
Print Senior VP of Finance & Administration	<b>Jerry Rackliffe</b>
Senior VP of Finance & Administration's Signature	
Date	

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



**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.
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.