

**STATE OF GEORGIA
PURCHASING CARD PROGRAM**



Cardholder Profile Form
(Use "Tab" key to navigate through fields)

Send completed form to the State Entity Card Program Administrator via email, fax, or mail at:

Type of Request:	<input type="checkbox"/> New Cardholder	<input type="checkbox"/> Card Renewal	<input type="checkbox"/> Profile Change Request
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CARDHOLDER INFORMATION:

Cardholder Name:		Employee ID:	
Department Name:			
Mailing Address:			
Cardholder Phone Number:			
Cardholder Email Address:			
Authorizing Official's Name:			

DEFAULT CHARGING INFORMATION:

Department ID	Fund	Program	Class	Project	Account

SPENDING LIMITS:

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

Single Transaction Limit (< \$5,000)		Monthly/Cycle Limit (< \$25,000)	
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Provide justification for Single Transaction Limits >= \$5,000 and Monthly Cycle Limits > \$25,000:

SIGNATURES:

Form is not complete unless signed by cardholder, Authorizing Official, and Procurement Director.

Cardholder:	Date:
Authorizing Official:	Date:
Procurement Director:	Date:

CARD PROGRAM ADMINISTRATOR USE ONLY

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:
Reason for Denial:		
Card Program Administrator Signature:		