

## Georgia Department of Public Safety Policy Manual

EXHIBIT <b>CARDHOLDER/PROFILE CHANGE REQUEST FORM</b>	EXHIBIT NUMBER <b>7.17-2a</b>
REFERENCE <b>PURCHASING CARD</b>	DATE <b>8/3/2018</b>
	EXHIBIT REVIEWED <b>8/3/2018</b>

### State of Georgia Purchasing Card Program **CARDHOLDER/PROFILE CHANGE REQUEST FROM**

Georgia Department of Public Safety

Check the appropriate box for the type of request:

New Cardholder Request       Cardholder Profile Change Request

Cardholder Name:	Cardholder Signature:
Cardholder Employee ID Number:	Cardholder Location/Office Name:
Cardholder Mailing Address:	Cardholder Phone Number:
	Cardholder Email Address:
Department Direct Manager Name:	Signature:
Please Email the Completed Form to the DPS Pcard Administrator Questions – please call 404-624-7850	

<b>FOR PCARD ADMINISTRATOR &amp; CFO USE ONLY</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
Single Transaction Limit:	Cycle Limit:
DPS Chief Financial Officer Name:	Signature:
DPS Pcard Administrator Name:	Signature:
Date:	