

Georgia Department of Public Safety Policy Manual

EXHIBIT P-CARD CARDHOLDER PROFILE FORM	EXHIBIT NUMBER 7.17-2a
REFERENCE PURCHASING CARD	REVISED DATE 11/21/2023
EXHIBIT REVIEWED 11/21/2023	

STATE OF GEORGIA
PURCHASING CARD PROGRAM
P-CARD CARDHOLDER PROFILE FORM

USE THE "TAB" KEY TO NAVIGATE THROUGH THE FORM FIELDS.



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

klarson@gsp.net

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:	
Cardholder Title:			
Department / Work Unit Name:			
Mailing Address:			
Cardholder Phone Number:			
Cardholder Email Address:			
Supervisor's Name:			
Department Manager/Head:			

DEFAULT CHARGING INFORMATION:

Department ID	Fund	Fund Source	Account Number	Project	Class

SPENDING LIMITS:

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

Spending Limit	Amount	Justification (attach supporting documentation if needed)
STL (Up to \$4,999.99)		
Cycle Limit (Up to \$25,000)		

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APPROVERS:

Reports To	Reconciler	Approver 1 Name/ Title	Approver 2 Name / Title
■	■	■	■
■	■	■	■

SIGNATURES:

Form is not complete unless signed by cardholder, supervisor, P-Card Administrator and Chief Financial Officer.

Cardholder:	Date:
Supervisor:	Date:
P-Card Administrator:	Date:
CFO:	Date: