

**State of Georgia**  
**Purchasing Card Program**  
**CARDHOLDER / PROFILE CHANGE REQUEST FORM**  
 (Use "Tab" key to navigate through fields)

Augusta State University / Department of

Check the appropriate box for the type of request:

- New Cardholder Request  
 Cardholder Profile Change Request

Cardholder Name, ASU Login and 927#:	Cardholder Signature:
Cardholder Department Mailing Address:	Cardholder Phone Number:
	Cardholder E-Mail Address:
Default Chartfield: (Required)	Default Category / Account Code: (Optional)
Single Transaction Limit: < \$5,000	Monthly Credit Limit:
Departmental/Division Supervisor Name: (First-line)	Signature:
Department Approver Name, ASU Login and E-Mail Address:	Signature:

**IMPORTANT:**

Form will not be considered complete until all required signatures are affixed. E-Mail, Fax or Mail form to:

Augusta State University, Purchasing Card Program Coordinator, Lynn Carmack, Purchasing Office, Box 50, or  
[lcarmack@aug.edu](mailto:lcarmack@aug.edu), 706-737-1765; 706-737-1761 FAX

**FOR OFFICIAL USE ONLY**

Approved       Disapproved

Reason:

By: \_\_\_\_\_ Title: PCard Administrator

Date: