State of Georgia
Purchasing Card Program

CARDHOLDER PROFILE 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 and Date:**
Cardholder Department Mailing Address:	**Cardholder Phone Number:**
	Cardholder E-Mail Address:
Default Chartfield: (Fund, Dept ID, Program, Class)	**Default Account Code:**
Single Transaction Limit: < $5,000	**Monthly Credit Limit:**
Departmental/Division Supervisor Name:	**Supervisor Signature and Date:**
Department Approver Name, ASU Login and E-Mail Address:	**Approver Signature and Date:**

IMPORTANT:

Form will not be considered complete until all required signatures are affixed.

Hand-deliver or mail form to:

Amber Armour, Purchasing Office, Box 50

FOR OFFICIAL USE ONLY	
☐ **Approved** ☐ **Denied**	
Comments:	
By:	**Title: P-card Coordinator**
Date:	