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| **Background pattern  Description automatically generated with medium confidence**  **PURCHASING CARD PLAN CARDHOLDER PROFILE FORM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **State of Georgia Purchasing Card Program** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type of Request:** | | | |  | New Cardholder |  |  | Card Renewal | |  | | | | | Profile Change Request | | | | | | | |  | |  | | | |  |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **CARDHOLDER INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | |  | | | | | | | | | | | | | | |  | |  |
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|  |  |  | | | | | | | | | | | | |  | |  | | | | | | | | |  | |
|  | **Cardholder Name** | | | | | | | | | | | | |  | | **Employee ID** | | | | | | | | |  | |
|  |  |  | | | | | |  | | |  | | | |  | |  | | | |  | |  | | |  | |  |
|  |  |  | | | | | | | |  | | |  | | | | | | | | | | | | |  | |  |
|  |  | **Cardholder Title** | | | | | | | |  | | | **Department/Work Unit Name** | | | | | | | | | | | | |  | |  |
|  |  |  | | | | | | | |  | | |  | | | | | |  |  | | | |  |  |  | |  |
|  |  | **Cardholder Mailing Address** | | | | | | | |  | | | **City** | | | | | |  | **State** | | | |  | **Zip** |  | |  |
|  |  |  | | | | | | | | | | | | | |  | |  | | | | | | | | |  |  |
|  | **Cardholder Email Address** | | | | | | | | | | | | | |  | | **Cardholder Phone Number** | | | | | | | | |  |
|  |  |  | | | | | | | | | |  | |  | | | | | | | | | | | | |  |  |
|  |  | **Supervisor’s Name** | | | | | | | | | |  | | **Department Manager/Head** | | | | | | | | | | | | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

# Default Charging Information

| **DEPARTMENT ID** | **FUND** | **FUND SOURCE** | **ACCOUNT NUMBER** | **PROJECT** | **CLASS** |
| --- | --- | --- | --- | --- | --- |
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# Spending Limits

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

| **SPENDING LIMIT** | **AMOUNT** | **JUSTIFICATION NEEDED IF ABOVE LIMIT THRESHOLD**  **(ATTACH SUPPORTING DOCUMENTATION IF NEEDED)** |
| --- | --- | --- |
|  | | |
|  | | |
| Single Transaction Limit  (Up to STL threshold $4,999.99) |  |  |
| Cycle Limit  (Up to CL threshold $24,999.99) |  |  |

# Approvers and Reconciler

| **RECONCILER** | **APPROVER 1 NAME/TITLE** | **APPROVER 2 NAME/TITLE** |
| --- | --- | --- |
|  | | |
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|  | **SIGNATURES** | | | | | | | | | | | | |  |
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|  |  | **Cardholder Signature** | | | | | | |  | |  | **Date** |  |  |
|  |  |  | | | | | | |  | |  |  |  |  |
|  |  | **Supervisor Signature** | | | | | | |  | |  | **Date** |  |  |
|  |  |  | | | | | | |  | |  |  |  |  |
|  |  | **P-Card Administrator Signature** | | | | | | |  | |  | **Date** |  |  |
|  |  |  | | | | | | |  | |  |  |  |  |
| \ |  | **CFO Signature** | |  |  |  |  |  |  |  |  | **Date** |  |  |
|  | |  | | | | | | | | | | | | |