

# REQUEST FOR A NEW PURCHASING CARD FORM

DATE OF REQUEST:			
REQUESTOR'S NAME:			
REQUESTOR'S TITLE:			
DEPARTMENT REQUESTOR WORKS FOR:			
NAME OF DEPARTMENT HEAD:			
NAME OF AREA VICE PRESIDENT OR DIRECTOR:			
ARE YOU A FULL-TIME EMPLOYEE OF GSC?	YES	NO	
WILL THIS BE A "TRAVEL ONLY" CARD?	YES	NO	
SINGLE TRANSACTION LIMIT (STL) REQUESTED: (Recommendation: \$1,000 or less)		STL AUTHORIZED: (OFFICE USE)	
MAXIMUM CREDIT LIMIT (MCL) REQUESTED: (Recommendation: \$3,000 or less)		MCL AUTHORIZED: (OFFICE USE)	
AUTHORIZED FUNDS AND ORGS: (SEE DEPARTMENT HEAD FOR THIS INFORMATION)			
DO YOU HAVE A MY APPS ACCOUNT? (CIRCLE ONE)	YES	NO	IF THE ANSWER IS NO, THEN YOU MUST SIGN UP FOR A MY APPS ACCOUNT ON THE WV STATE AUDITOR'S OFFICE WEBSITE. <a href="http://www.wvsao.gov/">http://www.wvsao.gov/</a>
WHO WILL UPDATE THE OASIS PCARD TRANSACTIONS?			
INDICATE THE NAME OF THE GROUP USER WHO WILL UPDATE THE OASIS PCARD TRANSACTIONS IF APPLICABLE.			
REQUESTOR'S SIGNATURE:		DATE:	
<b>NOT APPROVED BY:</b>			
DEPARTMENT HEAD (REQUIRED):		DATE:	
<b>APPROVED BY:</b>			
DEPARTMENT HEAD (REQUIRED):		DATE:	
AREA VICE PRESIDENT (REQUIRED):		DATE:	
CHIEF FINANCIAL OFFICER (REQUIRED):		DATE:	
PRESIDENT: (REQUIRED IF FOR ATHLETICS DEPARTMENT):		DATE:	
CARD RECEIVED BY CARDHOLDER (SIGNATURE)		DATE	