

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)	<table border="1" style="width: 100%; height: 40px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>						
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. http://www.wvsao.gov/				
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:					
NOT APPROVED BY:							
DEPARTMENT HEAD (REQUIRED):		DATE:					
APPROVED BY:							
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					