

REQUEST FOR A NEW PURCHASING CARD FORM

SECTION 1: REQUESTOR INFORMATION. To be completed by the Requestor.

Date of Request:	
Requestor's Name:	
Requestor's Title:	
Requestor's Unit:	
Employee Status:	<input type="checkbox"/> Full-Time Employee of GSC <input type="checkbox"/> Part-Time Employee of GSC
Do you have a MyApps Accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who will update the Oasis P-Card Transactions?	<input type="checkbox"/> Cardholder <input type="checkbox"/> Group Coordinator
Name of the Group Coordinator if Applicable.	

SECTION 2: CARD LIMIT. To be completed by the Requestor, Department Head and/or Area Vice President.

Card Limits	To Be Completed By The Requestor	To Be Completed By The Department Head or Area Vice President
	Amount Requested	Amount Approved
Single Transaction Limit Requested: (Recommendation of \$1,000 Or Less)		
Maximum Credit Limit Requested: (Recommendation of \$3,000 Or Less)		

SECTION 3: AUTHORIZED SUB-FUNDS & UNITS. To be completed by the Requestor. Contact the Controller for Assistance

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Requestor's Signature:		Date of Signature:	
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SECTION 4: REQUIRED APPROVAL SIGNATURES: The Department Head, Area Vice President, Chief Financial Officer & President's Approval Signature is Required.

NAME	TITLE	SIGNATURE	DATE
	Department Head		
	Area Vice President		
	Chief Financial Officer		
	President		

NOT APPROVED BY:

NAME	TITLE	SIGNATURE	DATE

SECTION 5: CARDHOLDER ACKNOWLEDGEMENT: The Cardholder must sign upon receipt of P-Card.

CARD RECEIVED BY CARDHOLDER:		DATE:	
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SECTION 6: FOR BUSINESS & FINANCE OFFICE USE ONLY

Employee HR #:	
Date Cardholder Training Quiz Passed:	
Date Ethics Training Quiz Passed:	
Date Electronic Cardholder Agreement Signed:	
Date PCC Request Sent To WWSAO:	
PCC #:	
Date Cardholder Completed GSC Training:	