



The University of Georgia

Procurement Office

P-Card Request Form

Embossed Name:		
Embossed Department Name:		
Department Name for Address:		
Building; Room#; or Street Address:		
City:	State:	Zip:
Phone Number:		
Default Account Number:*		C&G Approval:
Default Object Code:**		
Default Account Name:		
Monthly Limit:		
Single Transaction Limit:		
Cardholder's Email Address:		
Cardholder's Signature:		

WORKS Manager's/P-Card Coordinator's Signature: _____

WORKS Manager's/P-Card Coordinator's Name (printed): _____

WORKS Manager's/P-Card Coordinator's Email: _____

WORKS Proxy Reconciler's Signature: _____

WORKS Proxy Reconciler's Name (Optional) (printed): _____

WORKS Proxy Reconciler's Email: _____

Department Head Signature: _____

Department Head Name (printed): _____

Department Head Email: _____

Have you previously been a cardholder? _____ Yes _____ No

If yes, is this card requested as a result of change in departments? _____ Yes _____ No

If yes, please provide your previous department number. Dept # _____

***All default accounts set to a restricted account with the exception of RX, RN, or those accounts with an "R" in the second field must go to Contracts and Grants for approval.**

**** The only valid default object codes are 71490 or 14xxx for resellers**

NOTE: All fields are mandatory and must be completed before a P-card can be ordered.