



**UNIVERSITY OF WEST GEORGIA  
P-CARD APPLICATION & CHANGE REQUEST FORM  
Appendix A**

Check the appropriate box for the type of request:

<input type="checkbox"/>	New Cardholder Request
<input type="checkbox"/>	Cardholder Change Request

Cardholder Name:	
Department Name:	
Phone#:	
Email:	
Primary Cost Center/ Departmental Account#:	
Department Head/ Supervisor:	

To request changes in spend limits, please complete sections below:

Single Transaction Limit Amount	Monthly Credit Limit Amount

Justification for Changes:	
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By signing below, I confirm that I have read and understand the UWG P-Card Policy Manual.

Signature: \_\_\_\_\_  
Cardholder

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Department Head/Supervisor

Date: \_\_\_\_\_

**For Official Use Only**

Approval Date:	
Card Order Date:	
Card Receipt Date:	

If not approved, please state reason below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_