



# Galveston County Purchasing

## P-Card External Department Card Request Accounting & Card Information Record

### TYPE OF REQUEST:

New Account       Close Account       Change       Lost/Stolen       Suspend

Last 4 CC #: \_\_\_\_\_

Reason: \_\_\_\_\_

Type of Card: \_\_\_\_\_

*\*Note: If the request is to Close or Suspend, you must fill out the reason.*

### ACCOUNT INFORMATION:

Name: \_\_\_\_\_

Default Account Code: \_\_\_\_\_

Department # & Name: \_\_\_\_\_

Work Number: \_\_\_\_\_

Work Location (Address): \_\_\_\_\_

Last four (4) digits of your social security number: \_\_\_\_\_

Email address: \_\_\_\_\_

Monthly Credit Limit: \_\_\_\_\_

Single Credit Limit: \_\_\_\_\_

### AUTHORIZATION:

\_\_\_\_\_  
Cardholder Name (print)      Cardholder's Signature      Date

\_\_\_\_\_  
Department Head Name (print)      Department Head Signature      Date

\_\_\_\_\_  
P-Card Administrators Name (print)      P-Card Administrator Signature      Date

### INSTRUCTIONS ON HOW TO COMPLETE FORM:

#### NEW ACCOUNT

1. Indicate "New Account" under type of request
2. Complete Account Information and obtain Authorization signatures
3. Return to Purchasing

#### ACCOUNT CLOSURE/ SUSPENSION

1. Indicate "Close Account" or "Suspend" under type of request
2. Enter last 4 digits of Credit Card # (CC #)
3. Enter Reason for Closure/Suspend
4. Employee and/or Manager print and sign name under Authorization
5. Return to Purchasing