



Galveston County

**P-CARD  
ACCESS SECURITY FORM**

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

Request Type: (check one)    Add/New     Delete     Change

**Available Access**

(Check which access is requested)

- Cardholder Write
- Cardholder Read/Inquiry
- Account Coordinator
- Supervisor/Department Head

<b>FOR FSP USE ONLY</b>	
<input type="checkbox"/>	Purchasing Buyer
<input type="checkbox"/>	Accounts Pay able
<input type="checkbox"/>	Auditor Extract
<input type="checkbox"/>	Auditor Read and Maintain Account
<input type="checkbox"/>	FSP Read/Inquiry
<input type="checkbox"/>	P-Card Administrator

List user-names to grant the above access (as per attached **Employee Security Form**)


Department Head Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

If access is requested for accounts out of direct departmental control, attach a letter, signed by the official, detailing the accounts being requested and state the reason for the request.