FORM PC-PCRF

Galveston County

GALVESTON COUNTY P-CARD REQUEST FORM
Accounting & Card Information Record

TYPE OF REQUEST

☐ **Add/New Account** ☐ **Delete Account** ☐ **Change** ☐ **Lost/Stolen Card**

ACCOUNT INFORMATION

Name: _____

Default Account Code: _____

Department Number/Name: _____

Work Number: _____

Work Location (facility):_____

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

E-mail address: _____

Monthly Credit Limit: _____

Single Credit Limit: _____

Cash Withdrawal ☐ Yes ☐ No Cash Limit: _____
Requires approval by Purchasing Agent and Commissioners' Court

AUTHORIZATION

_____	_____	_____
Employee Name (print)	**Employee 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. Indicate Account Coordinator's Name: _____
4. Return to Purchasing

ACCOUNT CLOSURE

1. Indicate "Account Closure" under type of request
2. Last 4 digits of Account # _____
3. Employee and/or Manager print and sign name under Authorization
4. Return to Purchasing