|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| P-Card Program | | | | | |
| Entity |  | | | Date |  |
| Address |  | | | | |
| City |  | State | GA | ZIP |  |
| Does this form rescind any previous form submitted to DOAS State Purchasing Division? | | | | | **Yes  No** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  | | | |
| **Email Address** |  | | | |
| **Phone** |  | **Fax** |  | |
| **Card Program Title/Responsibilities (select one)** | | Choose an item. | | |
| **Is this person the primary contact for routine business (e.g. audits)? Check one:** | | | | **Yes**  **No** |
| This person will receive all notices from State Purchasing P-Card Program Unit. | | | | |
| 1. Describe your experience in procurement, corporate card administration, accounting/finance, or related fields. | | | | |
|  | | | | |
| 2. Describe your education/experience or special training/certification in business administration, law, accounting, or related fields. | | | | |
|  | | | | |
| 3. Describe your State Purchasing Division training completed, specifically for purchasing card. | | | | |
|  | | | | |
| 4. Describe your knowledge of purchasing card policies, procedures, and “best practices”. | | | | |
|  | | | | |
| 5. Describe other purchasing and ethics training courses you have completed to date. | | | | |
|  | | | | |

|  |  |  |
| --- | --- | --- |
| Name of APO | Approval | Date |
|  | **Approved  Yes** |  |
| Name of Agency Head | Approval | Date |
|  | **Approved  Yes** |  |

Instructions for submitting form

1. Complete the fields above and select the approval boxes to certify that approval has been obtained for this request.
2. Save the form as a **Word** document (not PDF).
3. The Agency Head or Designee should send the “**Designation of Card Program Administrator**” form to the State Purchasing Division via email to [cardprograms@doas.ga.gov](mailto:cardprograms@doas.ga.gov).