

FLORIDA ATLANTIC UNIVERSITY PURCHASING CARD PROGRAM

Application for gCard (Gas Card)

Date: _____ / _____ / _____

- Action Requested
- Request new card
 - Change existing profile
 - Close Account– complete termination form
 - Other:

Cardholder Name: _____
FAU Z Number: _____
Department/Area: _____ / _____
Email: _____

Standard Profile: \$100 max per transaction / \$300 max per month

Custom Profile: _____ / _____
(requires approval from PCard Administrator)

Dean/Director/Chair Signature: _____