



Justification Form

This form is being completed to justify the continued need of a PCard that has had minimal use. Please fill out the following form with the requested information and email to Pcardadm@uga.edu. In the subject line of the email please type Justification Form and the Cardholder's Name.

CARDHOLDER INFORMATION: (Type or print in the below fields.)

Cardholder's Name:		MyId:	
Cardholder's Title:			
Department:			
Cardholder's Phone Number:			
Cardholder's Email Address:			
Supervisor's Name:			
Dean/ VP/ Dept. Head:			

JUSTIFICATION OF CONTINUED NEED:

SIGNATURES: Form is not complete unless signed by Cardholder and the Dean/VP/ or Department Head

Cardholder:	Date:
Dean/VP/Dept. Head:	Date:

FOR PROCUREMENT USE ONLY:

PCARD ADMINISTRATOR REVIEW:

PCard Administrator:	Date:
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