Purchasing Card Change Form

Please Select One: ☐ Change ☐ Delete/Terminate

Employee Name (Up to 24 Characters _____ Employee ID Number _____

Department Name _____ Address (Building & Room Number) _____

Default Cost Center: FUND(6-digit) _____ ORGN (4-digit) _____

Phone Number _____ Date of Birth _____ Network ID(e.g. abc12) _____

NEW INFORMATION

☐ Name Change: _____

Address Change (Building & Room Number) _____

☐ Limits: ☐ Monthly Limit: _____
☐ Single Trans. Limit: _____
☐ Transaction Per Day: _____

Purpose for Limit Changes: _____

Reporting Authority(Print Name) _____ Authorizing Signature _____

Title of Authorizer _____ Email Address _____

Procurement Services Department Use Only

☐ Approved ☐ Declined & Reason _____

PCard Administrator(Print Name) _____ Signature of PCard Administrator & Date _____