



This form should be used to request updates and changes the the cardholder account.

SECTION 1: CARDHOLDER INFORMATION

CARDHOLDER NAME		CARDHOLDER TITLE	
EMPLOYEE ID		EMAIL ADDRESS	
SCHOOL/DEPT		COST CENTER	
WORK PHONE		ALT PHONE	

SECTION 2: REPLACEMENT CARD

REASON FOR REPLACEMENT (CIRCLE ONE):	LOST / STOLEN / OTHER	EXPLANATION IF OTHER:	
IF LOST OR STOLEN, WAS BANK NOTIFIED (CIRCLE ONE)	YES / NO		

SECTION 3: PERMANENT SPENDING LIMIT CHANGE

LIMIT REQUEST TYPE	\$	SINGLE TRANSACTION	Justification for limit increase:
	\$	DAILY LIMIT	
	\$	MONTHLY LIMIT	

SECTION 4: DEPARTMENT OR ADDRESS CHANGE

PREVIOUS DEPARTMENT COST CENTER #		PREVIOUS DEPARTMENT NAME	
NEW DEPARTMENT COST CENTER #		NEW DEPARTMENT NAME	
Reason for change:			

SECTION 5: NAME CHANGE

PREVIOUS NAME		NEW NAME	
CHANGES MADE IN PEOPLESFT DWA? YES / NO (circle one)			
Comments:			

SECTION 6: CHANGE OF APPROVING OFFICIAL

FORMER APPROVER INFORMATION		NEW APPROVER INFORMATION	
NAME		NAME	
EMAIL ADDRESS		EMAIL ADDRESS	
PHONE #		PHONE #	
Reason for change:			

SECTION 7: BUDGET STRING DEFAULT

	DEPT	RESOURCE	BUDGET REF	ACCOUNT	PROGRAM	CLASS	FUND	EXTENDED
PREVIOUS BUDGET								
NEW BUDGET								

SECTION 8: CARDHOLDER AND APPROVING OFFICIAL ACKNOWLEDGEMENT

By signing below, I acknowledge and approve the changes described above and agree to continue to uphold Procurement Card Program Policies and accept responsibility for the proper use and protection of the PCard.

CARDHOLDER NAME		SIGNATURE		DATE	
APPROVER NAME		SIGNATURE		DATE	

SECTION 9: PCARD ADMINISTRATOR USE ONLY

REVIEWED BY:		APPROVED BY:	
	PCard Administrator		PCard Administrator
ENTERED BY:		ASSIGNED ACCOUNT #	

ADMINISTRATOR NOTES AND COMMENTS:

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