

# Purchasing (Pcard)/Travel Card Change Request Form

Cardholder Name: \_\_\_\_\_

Department: \_\_\_\_\_

Pcard Number (Last 4): \_\_\_\_\_ Travel Card Number (Last 4): \_\_\_\_\_

Today's Date: \_\_\_\_\_ Effective Date(s): \_\_\_\_\_  
*(If the request below is temporary, please indicate effective date range.)*

\*\*\*\*\* **Please specify change(s) requested below.** \*\*\*\*\*

**Merchant Category Codes (MCCs)**

<input type="checkbox"/> OPEN _____	<input type="checkbox"/> CLOSE _____
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**Single Transaction Limit**

<input type="checkbox"/> INCREASE Limit to _____	<input type="checkbox"/> DECREASE Limit to _____
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**Monthly Credit Limit**

<input type="checkbox"/> INCREASE Limit to _____	<input type="checkbox"/> DECREASE Limit to _____
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**Velocity Settings (# of transactions or \$ per day)**

<input type="checkbox"/> INCREASE Limit to _____	<input type="checkbox"/> DECREASE Limit to _____
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- Close/Terminate Card** – Reason: \_\_\_\_\_
- Temporary Suspension/Hibernation** – Reason/dates requested: \_\_\_\_\_
- Change All or Part of Default Accounting String:** Fund \_\_\_\_\_ Dept. \_\_\_\_\_ Unit \_\_\_\_\_ Sub-Unit \_\_\_\_\_ Object \_\_\_\_\_
- New Name** (marriage, divorce, etc.): \_\_\_\_\_
- New Address:** \_\_\_\_\_
- New Phone:** \_\_\_\_\_  **Other:** \_\_\_\_\_

**Cardholder**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Supervisor**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Agency Pcard Coordinator**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_



**All signatures required. Agency Pcard Coordinators: Please send completed forms to [Pcard@iowa.gov](mailto:Pcard@iowa.gov) . Keep one copy for your records.**