

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 . Keep one copy for your records.

