

# 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.