



Purchasing (Pcard)/Travel Card Change Request Form

Cardholder Name: _____

Department: _____ Employee #: _____

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/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: _____