IOWA™ | Department of Administrative Services

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 is temporary, please indicate date range.)

Please specify change (s) requested below.

Merchant Category Codes (MCCs)

OPEN _____	CLOSE _____

Single Transaction Limit

INCREASE Limit to: _____	DECREASE Limit to: _____

Monthly Credit Limit

INCREASE Limit to: _____	DECREASE Limit to: _____

Velocity Settings (# of transactions or $ per day)

INCREASE Limit to: _____	DECREASE Limit to: _____

Close/Terminate Card- Reason: _____

Temporary Suspension/Hibernation- Reason/dates requested: _____

Change All/Part of Default Accounting String: Fund___ Dept.____Unit____Sub Unit____ Obj____

New Name (marriage, divorce, etc.): _____

New Address: _____

New Phone: _____   **Other:** _____

Cardholder

Signature: _____ Date: _____

Print Name: _____ Date: _____

Supervisor

Signature: _____ Date: _____

Print Name: _____ Date: _____

Agency PCard Coordinator

Signature: _____ Date: _____

Print Name: _____ Date: _____