Purchasing Card Change Form

Office Supplies | Travel & Local Business Expenses | Subscriptions & Publications | Computers, Software & Peripherals

Please check one: ☐ Change ☐ Delete/Close

Current Information

Employee Name (Up to 24 Characters)

Employee ID Number

Cost Center Number: _____ — _____
　　　　　　　　　　　Fund　　　　　　　*Org.*　　　　　　　**Date of Birth**

Phone Number　　　　　　　　　　　　　**Network User ID** (e.g., abc12)

Department Name (Up to 35 Characters)

Location: _____
　　　　(Campus, Building & Room Number)

New Information (To be completed by Reporting Authority)

☐ **Name Change**

☐ **Department Transfer**

Department Name (Up to 35 Characters)

Cost Center Number: _____　_____
　　　　　　　　　　　Fund　　　　　　　*Org.*

Location: _____
　　　　(Campus, Building & Room Number)

☐ **Limits**　　☐ No. of transactions Per Day　_____

　　　　　　　☐ Single Purchase Limit　$ _____

　　　　　　　☐ Limit Per Month　　　$ _____

_____　_____　_____
Reporting Authority (please print name)　**Authorizing Signature**　　　**Date**

_____　_____　_____
Title　　　　　　　　　　　　　**Authorizing E-mail Address**　　　**Network User ID**

Purchasing Department Use Only

☐ **Approved**　　☐ **Denied** ....Reason Denied: _____

_____　_____　_____
Purchasing Card Administrator (please print name)　**Card Administrator's Signature**　　　**Date**