



Procurement Card Change Form

Please Select One: Change Delete/Terminate

I. Employee's Current Information

Employee Full Name (Up to 24 Characters)

Employee ID Number

Department Name

University Email Address

Employee Phone Number

Date of Birth (MM/DD/YYYY)

Default Cost Center (Fund & Orgn)

Network User ID (e.g., abc123)

Complete Department Address (Building & Room/Suite Numbers)

II. Employee's New Information

Please check the applicable box(es) to indicate a change.

Cardholder Approver Change

Employee Full Name (Up to 24 Characters)

Approver Agreement:

As the Approver, I hereby agree to administer fiduciary responsibility by: (initial)

Authorizing all transactions for compliance, as stated in the P-Card Policy and Guidelines.

Ensure all transactions are reconciled to correct cost center by monthly deadlines.

Verify that each transaction has a detailed receipt and detailed business purpose.

Verify all transactions have detailed transaction notes in PaymentNet and on the Transaction Allocation Report.

If I find any inappropriate purchases, I will notify Procurement Services immediately within 48 hours via pcard@drexel.edu.

Approver's Signature

Date

Dean/Department Head Signature

Date

Employee Information Change

Employee Full Name Change (Up to 24 Characters)

Employee New Address (Building & Room/Suite Numbers)

Employee P-Card Limit Change

New Credit Limit: _____

New Single Trans. Limit: _____

New Trans. Per Day: _____

Purpose for Limit Changes:

Reporting Authority Approval

Reporting Authority (Print Full Name)

Email Address

Signature

Date

Procurement Services Department Use Only

Approved

Denied

Reason Denied:

Procurement Card Administrator (Print Name)

Signature

Date

Employee Class: _____