

PURCHASING CARD ACCOUNT MAINTENANCE REQUEST FORM

Date of Request: _____

Cardholder Name / e-mail : _____
(Please Print)

Department: _____ ext. _____

VISA Card # (last 8 digits): _____ Fund & Budget # _____

TYPE OF REQUEST

- | | |
|--|------------------------------|
| _____ Cancel card | _____ Cardholder Name Change |
| _____ Default Account Change | _____ Campus Address Change |
| _____ Department Change* | _____ Phone Number Change |
| _____ Monthly Credit Limit Change** | _____ Reviewer Change** |
| _____ Single Purchase Limit Change**
(NTE \$4,999) | _____ FAS # Change** |
| _____ Monthly credit limit increase over \$15,000 (total of all cards per cardholder)*** | |

- * Will result in cancellation of card. A new cardholder agreement form must be submitted.
- ** Requires approval of Department Head (no designees).
- *** Cardholder must complete an over \$15,000 credit limit form and submit to Ina Caplan

Comments: _____

Cardholder Signature: _____ Date: _____

Department Head Signature: _____ Date: _____
(No Designees)

**Once completed, forward this request to Ina Caplan, Department of Procurement,
Rm. 301 Administration Building**

