PURCHASING CARD MAINTENANCE FORM

This form should be completed when a change is necessary to your card profile. Indicate below the type of requested change, obtain the authorized signatures and forward the completed document to:

Kip Smalligan • Procurement Services • 228 LMH

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**CREDIT CARD NUMBER**

Indicate last four digits only

**CARD TYPE**

Personal Department

<table>
<thead>
<tr>
<th>Personal/Department Name On Card</th>
<th>Appointing Officer/Dean Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardholder/Department Administrator Signature</td>
<td>Appointing Officer/Dean Signature</td>
</tr>
</tbody>
</table>

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Requested change to Cardholder profile

**Credit Limits: Increase/Decrease**

$___________ per transaction

No. of transactions per day

$___________ per month

No. of transactions per month

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**Name/Department Change Request**

Are you changing departments?  ______ Yes ______ No

If yes, specify your new department name, phone number and fax number.

Former Dept. Name __________________________ New Dept. Name __________________________

Former Dept. Address ________________________ New Dept. Address ________________________

New Phone Number __________________________ New Fax Number __________________________

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**Cancel Card:**

Reason ________________________________________________________________________________

____________________________________________________________________________________

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Program Administrator Signature __________________________________  Date __________________