



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, 2015 Zumberge Hall

CREDIT CARD NUMBER	
Name On Card	Appointing Officer/Dean Name
Cardholder/Responsible Person Signature	Appointing Officer/Dean Signature

Requested change to Cardholder profile

Credit Limits: Increase/Decrease

\$ _____ per transaction No. of transactions per day _____

\$ _____ per month No. of transactions per month _____

Name/Department Change Request

Are you changing departments? _____ Yes _____ No

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

Former Dept. Name _____ New Dept. Name _____

Former Dept. Address _____ New Dept. Address _____

New Phone Number _____ New Fax Number _____

Cancel Card: Reason _____

Program Administrator Signature _____ Date _____