

PURCHASING CARD CHANGE REQUEST

DATE

CARDHOLDER INFORMATION (REQUIRED)

EMPLOYEE FIRST NAME	MI	EMPLOYEE LAST NAME	LAST FOUR DIGITS OF CARD #
DEPARTMENT		DEPARTMENT FUNDS CENTER	

CARDHOLDER/DEPARTMENT REQUEST FOR CHANGE

Check and complete if cancelling or temporarily suspending card.

CANCEL CARD

TEMPORARILY SUSPEND CARD

EXPLANATION

Check and complete all that apply below.

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EXCEPTION TO PURCHASING	EXPLANATION						
CARD POLICY							
CHANGE SINGLE TRANSACTION LIMIT	AMOUNT	TIME FRAME REQUESTED	EXPLANATION				
CHANGE MONTHLY TRANSACTION LIMIT	AMOUNT	TIME FRAME REQUESTED	EXPLANATION				
CHANGE/ADD COST CENTER/WBS	ENTER NEW COST CENTER/WBS		EXPLANATION				
DEPARTMENT(GROUP) CHANGE	ENTER NEW DEPARTMENT NAME/SUPERVISOR		EXPLANATION				

My signature below certifies that I have reviewed the requested changes above to the listed cardholder and authorize changes as requested.

CARDHOLDER NAME	SIGNATURE	DATE
SUPERVISOR NAME	SIGNATURE	DATE
CONTROLLER/FINANCE OFFICER	SIGNATURE	DATE

Instructions for Purchasing Card Change Request Form

1. This form must be completed to request an update or change to a University issued purchasing card.

Examples of items for which this form must be used include:

- a. Canceling or suspending purchasing card
- b. Request an exception to purchasing card policy
- c. Request a single and/or monthly transaction limit change
- d. Request a cost center/WBS change (addition, deletion, etc.)
- 2. Complete the cardholder information section, including the last four digits of the purchasing card, the name of your department and your department fund center number. Enter the date the request is being completed.
- Check the box next to the request reason. Note: a request will not be processed without an explanation or approval.
 a. For all requests for an exception to the purchasing card policy, you <u>must</u> provide a detailed explanation as to why the normal Purchase Requisition procedure cannot be followed.

 b. When requesting a transaction limit change, please include the amount of the new limit needed and the time frame of the increase/decrease. If requesting a permanent limit change please enter the word *permanent* in the time frame requested box. Please provide a detailed explanation for the increase and reason why a Purchase Requisition cannot be used.

c. When requesting a change to a cost center/WBS please provide the cost center/WBS number to be changed. In the explanation field, indicate whether to add, update (if department cost center changed) or delete the cost center from the card. Also indicate if the change is for a specific or temporary time period.

4. Proper authorization must be obtained; the requestor of the form cannot be the approver.

Note: if the supervisor and the controller/finance officer are the same person, the request only needs to be signed once.

5. Email the fully approved change request form to: RPOPcard@passhe.edu