

## **Request for Change to Purchasing Card Request Form**

Check all that apply:

\_\_\_\_\_ Credit Limit(s) \_\_\_\_\_ Personal Info \_\_\_\_\_ Name Change

\_\_\_\_\_ Reconciler ID \_\_\_\_\_ Reconciler Email Address

\_\_\_\_\_ Delete/close (Dept./Cardholder to securely destroy card)

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**PURCHASING CARD NUMBER (Last four digits only):**        \_ \_ \_ \_

Name on Card \_\_\_\_\_

Department Name \_\_\_\_\_

**Areas for change:** (only complete fields below to be changed)

**Credit Limits:**

Single Purchase Limit        From: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_

Credit Limit per Cycle        From: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_

**Personal Information:** (responsible individual for this card)

Name: \_\_\_\_\_ PUID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

**Name Change (marital status change only)**

Previous Name (current Card name) \_\_\_\_\_

New Card Name \_\_\_\_\_

Reconciler Name \_\_\_\_\_ **New Reconciler: Yes No (circle)**

Reconciler ID (Career Account ) \_\_\_\_\_

Reconciler Email Address \_\_\_\_\_

**Approvals:**

**Business Manager:**

\_\_\_\_\_ Date \_\_\_\_\_

(Recommending)

**Department Head:**

\_\_\_\_\_ Date \_\_\_\_\_

(Approving)

**Comptroller's Office:**

\_\_\_\_\_ Date \_\_\_\_\_

(As approved)

**Send original form to: ECCO/ FREH for processing.**