

## **PURCHASING CARD CHANGE REQUEST**

				DATE	
	CARDHO	LDER INFORMATION (REQU	IRFD)	DATE.	
	CARDITO	EDER HET ORIVIATION (REQU	IKLD,	_	
EMPLOYEE FIRST NAME	MI	EMPLOYEE LAST NAME	4	LAST FOUR DIGITS OF CA	RD#
DEPARTMENT		DEPARTMENT FUNDS CENTER	2		
CA	RDHOLDER	DEPARTMENT REQUEST FO	R CHANGE		
Check and complete if cancelling or to	emporarily su	spending card.			
CANCEL CARD	TEM	PORARILY SUSPEND CARD	EXPLANATIO	DN	
Check and complete all that apply bel	ow.				
EXCEPTION TO PURCHASING	EXPLANATION				
CARD POLICY					
CHANGE SINGLE TRANSACTION	AMOUNT	TIME FRAME REQUESTED	EXPLANATION	DN	
LIMIT	AX				
CHANGE MONTHLY	AMOUNT	TIME FRAME REQUESTED	EXPLANATIO	DN	
TRANSACTION LIMIT					
CHANGE/ADD COST	ENTER NEW CO	OST CENTER/WBS	EXPLANATIO	ON	
CENTER/WBŚ					
DEPARTMENT(GROUP) CHANGE	ENTER NEW DE	PARTMENT NAME/SUPERVISOR	EXPLANATIO	DN	
My signature below certifies that I had authorize changes as requested.			to the liste	d cardholder and	
CARDHOLDER NAME	SIGNATU	RE		DATE	
SUPERVISOR NAME	SIGNATU	SIGNATURE		DATE	
CONTROLLER/FINANCE OFFICER	SIGNATU	RE	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.
- 3. 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