

Request for change to Purchasing Card # _____ (last four digits only)

Card Name: _____

Department Name: _____
As it appears on the Card

____ **Closed Card Request** (Note: Please destroy the card by shredding or cutting it up. The card does not need returned to PCO/PTCA)

____ **Change Credit Limit(s)** (Department Card Max - \$3,000)
Single Purchase limit: from \$ _____ to \$ _____
Cycle Limit: from \$ _____ to \$ _____
Cash Advance (Study Abroad ONLY, min \$500) from \$ _____ to \$ _____

____ **Change Responsible Person**
Name: _____ **PUID (last four digits only)** _ _ _ _
Date of birth: __/__/____ **Mother's maiden name:** _____
Purdue Email address : _____ **Phone:** _____

____ **Change Named Cards**
Current Card name _____
As it appears on the Card
NEW Card Name: _____ (21 Character Limit including spaces)
First Name Middle Initial (Optional) Last Name

**** Please Note:** This is for named cards ONLY due to legal name change, such as divorce, marriage. Etc.
This form is not intended for use to request change from one individual to another. i.e. Bob Jones to Mary Smith.

____ **Change Reconciler**
Reconciler's name: _____
PaymentNet UserID _____
Reconciler's Email Address: _____

****** IF, this is a NEW RECONCILER (in PaymentNet) please check ___ contact phone #:**

APPROVALS:

Business Manager:

Signature Print Name Date

Pcard Operations Approval:

Signature Print Name Date