

UA PROCARD/TRAVEL CARD CHANGE FORM

ProCard

Individual Travel Card

Dept. Travel Card

CREDIT CARD INFORMATION (TYPE OR PRINT)

Cardholder Name (on existing card)

Card Number (Last 4 digits only)

Date Change Effective (mm/dd/yy)

CARDHOLDER INFORMATION (ENTER ONLY THE FIELDS THAT NEED TO BE CHANGED)

Cardholder Full Legal Name

Work Phone

Department

E-Mail Address

Department Address (PO Box or Street)

City

State

Zip Code + 4

Reconciler's Name

Reconciler's E-mail

Reconciler's Phone No.

CHANGE IN APPROVING OFFICIAL REQUIRES APPROVING OFFICIAL AGREEMENT

Approving Official's Name

Approving Official's E-mail

Approving Official's Phone No.

DESIGNATED DEFAULT BANNER ACCOUNT & CONTROL INFORMATION

Fund

Org

Account

Cycle Card Limit (ProCard & DTC \$10,000/ ITC \$5,000)

Single Purchase Limit (Default \$2,500)

Cash Advance (ITC Default \$1,200)

Authorizations/Day (Optional)

Transactions/Month (Optional)

Justification for Limit(s) Over Default Limits:

Approving Official's Signature

Date

Fiscal Officer Signature (required for single purchase limit in excess of \$2,500)

Date

TO BE COMPLETED BY PROCUREMENT SERVICES

Change made in PaymentNet	Change Made to List Serve	Change Made to D Level Accounting	
Date:	Date:	From FTIORGH No:	Date:
By:	By:	By:	