

## PROCUREMENT CARD CHANGE REQUEST

This form is to be used by Procurement Card holders to initiate changes to an existing card including card cancellation. Cardholders should forward the completed form with required signatures to the PCard administrators by emailing [treasury@uoguelph.ca](mailto:treasury@uoguelph.ca).

### Card Holder Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Email \_\_\_\_\_

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

Last Four Digits of the PCard Number 

|  |  |  |  |
|--|--|--|--|
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|--|--|--|--|

### Change Requested

Select all applicable changes from the following:

- ☐ Cardholder Name Change  
(no authorization required)
- ☐ Default Coding Change  
(excluding object code)
- ☐ Transaction Limit Change
- ☐ Monthly Limit Change
- ☐ Department/Unit Change
- ☐ Card Cancellation
- ☐ Card Suspension
- ☐ Other

Is the change requested:

☐ Permanent ☐ Temporary

If temporary, the End Date of the Change is:

\_\_\_\_\_

| Change From (Current Information)  | Change To (New Information) |
|--|-----------------------------|
|  |                             |
| <p>Please provide a brief, but detailed and rational explanation of why you are requesting the change(s):</p> <div style="height: 100px;"></div> |                             |

### Signatures

PCard Holder \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Approving Manager \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Dean/Chair/Director \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

### PCard Office Use Only

Change(s) made by: \_\_\_\_\_ Date \_\_\_\_\_ Approved by:

\_\_\_\_\_ Date \_\_\_\_\_ ☐ Scotiabank AccessOnline ☐ ListServ ☐ Oracle Table