



Change of Information – Purchasing Card

GENERAL INFORMATION

Request Date: _____

Cardholder Name: _____ Last 6 Digits of Card#: _____

CHANGE REQUEST

	Current	Change To	Effective Date
Single Transaction Limit:	\$	\$	
Monthly Cycle Limit:	\$	\$	
Default Index Code:			
Legal Name Change:			
Terminate Card			

EXPLANATION (optional)

SIGNATURES

Cardholder: _____

Budget Administrator/Supervisor: _____

Please return to Purchasing Services, Holland Centennial Commons 5th Floor