

Send application to Procurement AW Room 102

PROCUREMENT CREDIT CARD (ProCard) REVISION FORM

Requestor:

Name: _____ Title: _____

Dept: _____ Phone Ext. _____

Pro Card Number (Last 5 digits only): _____

- | | |
|---|--|
| <input type="checkbox"/> Change in Name | <input type="checkbox"/> Change in Authorized Accounts |
| <input type="checkbox"/> Change in Single Transaction Limit | <input type="checkbox"/> Change in Department |
| <input type="checkbox"/> Change In Cumulative Monthly Limit | <input type="checkbox"/> Cancel Pro Card |
| <input type="checkbox"/> Change of Approving Officials | |

Complete all lines that apply:

Name Change

_____ Extension
Department Change

Primary Approving Official Change Effective Date Secondary Approving Official Change Effective Date

Authorized Account Change (for more accounts, attach separate list initialed by Approving Officials)

- Addition Deletion

Account Fund Dept ID Program Class Project

- Addition Deletion

Account Fund Dept ID Program Class Project

Change in Cumulative Monthly Limit: \$ _____

Change in Single Transaction Limit: \$ _____

Primary Approving Official Signature Date

Final review and approval for Purchasing Delegation Revision:

Director of Procurement Signature Date

Revision completed _____
Date