Send application to Procurement AW Room 102

PROCUREMENT CARD (ProCard) REVISION FORM
(US Bank VISA One Card)

Requester:

Cardholder's Name: _____ Title: _____

Employee ID No.: _____ Department: _____

Campus Phone: _____ ProCard Number (last 5 digits): _____

Check all that apply:

- ☐ 1. Change in Name
- ☐ 2. Change in Department/Extension
- ☐ 3. Change in Default Chartfield Values
- ☐ 4. Change in Single Transaction Limit
- ☐ 5. Change in Cumulative Monthly Limit
- ☐ 6. Change of Approving Officials
- ☐ 7. Add Hospitality
- ☐ 8. Add Travel
- ☐ 9. Cancel ProCard **(attach card)**

Complete only if revision needed (as checked above):

1. _____
Name Change

2. _____
Department Change Extension

3. _____ _____
Primary Approving Official Change Effective Date Secondary Approving Official Change Effective Date

4. Default Chartfield Value Change:

Fund	Dept ID	Account	Program	Class	Project

5. Change in Single Transaction Limit**:** $ _____

6. Change in Cumulative Monthly Limit**:** $ _____

_____
Primary Approving Official Signature (authorizing revisions) **Date**

ADMINISTRATIVE APPROVAL:

_____
GRASP Office Approval of Chartfield Revision (Required for Grant Funds only) Date

FINAL REVIEW AND APPROVAL FOR PURCHASING DELEGATION REVISION:

_____
Director of Procurement Signature Date

Date Revision completed _____

Revised 02/19/16