



Procurement Card
Request Changes to Card Account

Card Account Information:

Name on card _____
Last six digits of card _____

Cardholder Information:

Change name (first, middle initial, last) to: _____
Change name as it is to appear on the card to: _____
Change University Phone Number to: _____
Change University Email Address to: _____
Change default department for transaction coding to: _____

Single transaction dollar limit: Current limit: _____ Change limit to: _____
Daily dollar spending limit: Current limit: _____ Change limit to: _____
Monthly dollar spending limit: Current limit: _____ Change limit to: _____

Allow travel expenses on this card: Yes _____ No _____
Cancel this card Yes _____ No _____
Block use of this card Yes _____ No _____

Signature: _____
Date signed: _____

Department Director / School Dean Information:

Name: _____
Signature: _____
Date Signed: _____

Vice President Information:

Name: _____
Signature: _____
Date Signed: _____

Controller's Office Information:

Controller's Name: _____
Controller's Signature: _____
Date Signed: _____
Card Account Manager's Name: _____
Card Account Manager's Signature: _____
Date change processed with BB&T: _____