

PROCUREMENT CARD CHANGE REQUEST

See BPPM 70.08 for instructions.

Washington State University
Accounts Payable, Card Services
P.O. Box 641020
Pullman, WA 99164-1020

CARDHOLDER INFORMATION (REQUIRED)

EMPLOYEE FIRST NAME	MIDDLE INITIAL	EMPLOYEE LAST NAME	WSU ID NO.
LAST FOUR DIGITS OF CARD #	MAIL CODE	EMPLOYEE E-MAIL ADDRESS	

CARDHOLDER / DEPARTMENT REQUEST FOR CHANGE

Check and complete if cancelling or temporarily suspending card.

<input type="checkbox"/> CANCEL CARD	<input type="checkbox"/> TEMPORARILY SUSPEND CARD	Explanation
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Check and complete all that apply below.

<input type="checkbox"/> INCREASE NUMBER OF DAILY TRANSACTIONS	NEW NUMBER	Explanation
<input type="checkbox"/> CHANGE SINGLE TRANSACTION LIMIT	NEW AMOUNT	Explanation (Provide justification to increase single transaction limit above the \$10,000 maximum.)
<input type="checkbox"/> CHANGE MONTHLY CREDIT LIMIT	NEW AMOUNT	Explanation
<input type="checkbox"/> CHANGE LAST NAME OF CARDHOLDER	FORMER CARDHOLDER LAST NAME (Enter current name under "Cardholder Information" at top of form.)	
<input type="checkbox"/> CHANGE E-MAIL NOTIFICATIONS		SECONDARY E-MAIL ADDRESS (Indicate if supervisor or delegate for e-mail notifications.)

My signature below certifies that I have reviewed the requested changes above to the listed cardholder and authorize changes as requested.

CARDHOLDER NAME	WSU ID NO.	CARDHOLDER SIGNATURE	DATE
SUPERVISOR NAME	WSU ID NO.	SUPERVISOR SIGNATURE	DATE

Submit completed form to Procurement Card Services, French Administration 240, Pullman, WA 99164-1020.