

Research Foundation P-Cardholders must complete this form to request a change to the P-Card information submitted on the cardholder's P-Card application. Completed forms should be sent through intercampus mail to the attention of the cardholder's Research Foundation analyst. The cardholder will receive an email from the P-Card Administrator when the request has been approved. Please consult the Research Foundation Procurement Card Policy and Procedure Manual for questions or contact your Research Foundation analyst.

I. Cardholder Information

Cardholder Name: _____	Today's Date: _____
Email Address: _____	Analyst Name: _____
Phone Number: _____	Mail Code: _____

II. Requested Change

Single Transaction Limit Change: Amount Requested: _____	Temporary Permanent	From: _____ To: _____
Monthly Credit Limit Change: Amount Requested: _____	Temporary Permanent	From: _____ To: _____
Account Number Addition: Account Requested: _____	Temporary Permanent	From: _____ To: _____
Extend Card End Date: Date Requested: _____		
Cancel Card Due To: Termination Voluntary Closure Other		

III. Explanation

Briefly describe the reason for the requested change: _____ _____ _____
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IV. Signature

By signing below, I authorize the changes requested above.	
Cardholder Signature: _____	Date: _____
*Account Signer: _____	Date: _____
(*Required if cardholder is not an account signer)	

For SJSURF Internal Use Only

Analyst/Date:	OSP Director/Date:	Pcard Admin/Date:	Acctg. Director/Date:
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