



PRO4005

Revision Date: 07-2018

Form Revisions Finalized by: Rachel Compton

Agency Name and Number

Date of Request:

To:

Agency Program Administrator

A Purchasing Charge Card is hereby requested for the following employee under my supervision (please print or type all information as requested below).

Employee Name as it appears on the card:

Employee's Email:

Employee Work Phone:

Employee ID:

Check and complete item to be updated below:

Employee Name Change:

Employee Default Account Change:

Single transaction limit change from: \$ to \$

Justification:

Temporary or Permanent:

Monthly limit change from: \$ to \$

Justification:

Temporary or Permanent:

Temporary suspension of card with an estimated reactivation date:

Extended leave

SPCC Policy Non-compliance

Cancellation of card

Reason:

Signed:

Date:

Requesting Authority (Supervisor)

Signed:

Date:

Employee

Approved by Agency Program Administrator:

Date entered into system: