



## P-Card Change Request Form

### Requestor Information

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Comments: \_\_\_\_\_

### Cardholder Information

Name: \_\_\_\_\_

Title: \_\_\_\_\_

PIDM: \_\_\_\_\_ Home Org: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Credit Limit: \_\_\_\_\_

Expense Report Approver: \_\_\_\_\_

### Changes / Updates to P-Card

Credit Limit: \_\_\_\_\_

Other: \_\_\_\_\_

Approved by: \_\_\_\_\_  
(Supervisor's Signature) (Print Name)

Title: \_\_\_\_\_

Date Approved: \_\_\_\_\_

#### Office Use Only:

Processed by: \_\_\_\_\_ Process Date: \_\_\_\_\_