



# MONMOUTH UNIVERSITY

## Purchasing Card Account Maintenance Request

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

Date of Request: \_\_\_\_\_

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

Work Phone: (\_\_\_\_) \_\_\_\_\_

GL Account Number: \_\_\_\_\_ - \_\_\_\_\_

Credit Card Number \_\_\_\_\_ (Last 4 Digits)

Check one: Permanent Change

Temporary Change (Provide Start & End dates below)

FROM

TO

GL Account Number: \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

Department: \_\_\_\_\_

\_\_\_\_\_

Single Transaction Limit: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

# of Daily Transactions \_\_\_\_\_

\_\_\_\_\_

# of Mthly Transactions \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Temporary Change: Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Date \_\_\_\_\_

Dept. Head Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

(if applicable)

Dean Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Area V.P. Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

For Controller's Office Use Only

Program Coordinator \_\_\_\_\_

Date \_\_\_\_\_

Print name \_\_\_\_\_

Approving Individual \_\_\_\_\_

Date \_\_\_\_\_

Print name \_\_\_\_\_

Approving Individual \_\_\_\_\_

Date \_\_\_\_\_

Print name \_\_\_\_\_