



UGA PCard Change Request Form

Send completed form to: Procurement Office, Business Services Bldg, Rm 301 or email completed form to: jhaag@uga.edu or stephens@uga.edu **(Prefer submittal of electronically completed fillable form with signature of Dean/VP/Dept. Head)**

Date: _____ Cardholder Name¹: _____ Last 4 Digits of Card: _____
 Cardholder Email: _____ Cardholder Phone No.: _____
 Department Name: _____ Department Code: _____

Is Cardholder name changing?	
Yes	No
If yes, contact Procurement PCard Coordinators to discuss the necessary documents to support the change.	

ACTION REQUESTED:

Change default account number to: _____
 Note: Restricted accounts require prior approval from Post Award Accounting _____ (Post Award Signature)

Cancel Card (Include reason or date leaving UGA): _____

*** Change Single Transaction Limit (STL) Permanently**

Change from _____ to _____ .

Justification for STL: _____

*** Change Cycle (Credit) Limit (CL) Permanently**

Change from _____ to _____ .

Justification for CL increase: _____

*** PCard Role Change: Fill data in the appropriate columns below. Permanent or Temporary (if Temporary –insert end date of increase: _____)**

Notes: 1) Signature may not be delegated and must be an original signature, 2) Will the individual currently holding the role, remain in an active role for other card(s) Yes No

Justification for Change in Roles: _____

Current Dean/VP/Department Head	Current Approver 1	Current Approver 2	Current Reconciler
New Dean/VP/Department Head	New Approver 1	New Approver 2	New Reconciler
New Dean/VP/Department Head	New Approver 1	New Approver 2	New Reconciler

Dean/VP/Department Head Name: _____ Signature: _____ (may not be delegated)

FOR OFFICIAL USE ONLY BY PROCUREMENT

New Role Complete Training?	Yes	No	Ethical Behavior Agreement Signed?	Yes	No	Approver Agreement Signed?	Yes	No
Approved	or Disapproved		By:	Title: PCard Program Administrator/Coordinator		Date:		
Reason:								

¹If the Department Head or Approving Official is changing for multiple cards, only one form is needed. Please attach a list of all cardholders assigned to that Dean/VP/Dept. Head or Approver 1 or 2.

* Must have PCard Administrator approval