



**UGA PCard Change Request Form**

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

Date: \_\_\_\_\_ Cardholder Name<sup>1</sup>: \_\_\_\_\_ 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): \_\_\_\_\_

**\* Special approval group**

Change from \_\_\_\_\_ to \_\_\_\_\_ .

Justification: \_\_\_\_\_

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

Change from \_\_\_\_\_ to \_\_\_\_\_ .

Justification for STL increase: \_\_\_\_\_

**\* 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: \_\_\_\_\_ )**

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: \_\_\_\_\_

<b>Current Dean/VP/Department Head</b>	<b>Current Approver 1</b>	<b>Current Approver 2</b>	<b>Current Reconciler</b>
<b>New Dean/VP/Department Head</b>	<b>New Approver 1</b>	<b>New Approver 2</b>	<b>New Reconciler</b>
<b>New Dean/VP/Department Head Signature</b>	<b>New Approver 1 Signature</b>	<b>New Approver 2 Signature</b>	<b>New Reconciler Signature</b>

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: _____								

<sup>1</sup>If 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 approval from Procurement PCard Program Administrator