CHANGE FORM FOR PCARD OR WORKS USER ACCESS

Personal Information (complete)

First Name:	*Middle Initial:*	*Last Name:*
Email Address: @okstate.edu	*CWID (no A):* 9-	
Position Title:	*Group Name:*	

Billing Information (only complete if there are changes)

University Business Address:			
City:	*State:*	*Zip:*	*Country:* USA
Cardholder's Business Phone:		*Secondary or Cell Phone:*	
Default Chart and Fund (#-######):			

Card Information and Controls (only complete if there are changes)

Role(s) – Use checkboxes (optional): ☐ *Cardholder* ☐ *Approving Manager* ☐ *Accountant* ☐ *Group Proxy Reconciler* ☐ *Group Owner*	*Credit Limits (transaction/monthly):* Select Transaction & Cycle Limits *Are limit changes permanent?* ☐ *Yes* ☐ *No* *If no, when will limits return to normal?* *Provide justification for monthly credit limit over $20,000:*

Provide additional information or justification for changes:

Signatures and Dates:

Signature of Cardholder *Date*

Signature of Approving Manager *Date*

Signature of Accountant *Date*

Signature of Department Head *Date*

Signature of Fiscal Officer/Other (if required) *Date*

Signature of The Office of Central Procurement *Date*

Notes: *[Administrative Use Only]*

__W
__AX
__LS
__TrL
__Amz

Email completed form to osu.pcard@okstate.edu