

Card Maintenance Request

Purchasing Card Program

Complete for changes on an existing Purchasing Card.

Cardholder Name: _____ Southeast ID: _____ Last 4 digits on card: _____

TYPE OF CHANGE REQUESTED (check all that apply)	
<input type="radio"/> Monthly Transaction Limit <input type="radio"/> Single Transaction Limit <input type="radio"/> Default Index Code <input type="radio"/> Unblock a Merchant Code <input type="radio"/> Temporary <input type="radio"/> Permanent	<input type="radio"/> Cardholder Name <input type="radio"/> Department <input type="radio"/> Campus Address <input type="radio"/> Other <input style="width: 150px; height: 15px;" type="text"/>

EXPLANATION OF REQUEST

Cardholder Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

FOR USE BY ACCOUNTS PAYABLE OFFICE ONLY		
Request Received: _____	Request Change Made by: _____	Date: _____
Additional Notes: _____		

