



North Dakota University System

PURCHASING CARD (P-CARD) CHANGE REQUEST

Cardholder name: _____ Email: _____

Department name: _____ Last 4 digits of credit card: _____

Temporary **monthly** cycle limit requested: _____
(Must indicate beginning and ending date) \$ _____ From: _____ To: _____

Temporary **single** amount limit requested: _____
(Must indicate beginning and ending date) \$ _____ From: _____ To: _____

Permanent monthly cycle limit requested: \$ _____

Reason for change: _____

Revised default funding: _____
(fund/department/program/project number)

DEPARTMENT RECONCILERS

These are the people responsible for reallocating p-card transactions & running statement of accounts.

Reconciler name: _____ Email: _____

Department name: _____ Department number: _____

Cancel card & reason for cancellation:

By signing, the authorized department signatory indicates the department is in agreement with this request.

Authorized Signer

Date

Authorized Signer

Date