

PROCARD CHANGE FORM INSTRUCTIONS

1. PROCARD INFORMATION

- Cardholder Name – Enter the cardholders name.
- Procurement Card Number – provide the last 6 digits of the card number
- Date Change Effective – the date the change is effective
- Move records from Effective Date (department move) – should new records be moved with the individual? Indicate yes or no.
- Reconciler Change – should all the records for this card be moved to the new reconciler? Indicate yes or no.

2. CARDHOLDER INFORMATION

Only the fields that need to be changed should have information entered in them.

3. SIGNATURE(S)

- Approving Official Signature and date
Optional:
- Fiscal Officer Signature and date – required for single purchase limit in excess of \$2,500

4. NEW APPROVING OFFICIAL

- If the approving official is being changed, complete the Approving Official Agreement at the following link and submit it with the Change Form. http://www.uaf.edu/purch/procard/procard_approve_official_agreement.pdf

PROCARD CHANGE FORM

PROCARD INFORMATION (TYPE OR PRINT)

Cardholder Name	
Procurement Card Number (Last 6 digits only)	
Date Change Effective (mm/dd/yyyy)	Reconciler Change:
Move Records from Effective Date (Department Move): Yes No	Move All Pathway Records: Yes No

CARDHOLDER INFORMATION

(Enter only the fields that need to be changed)

Cardholder Name	Work Phone	
Department	E-Mail Address	
Department Address (PO Box or Street)		
City	State	Zip Code + 4
Reconciler's Name	Reconciler's E-Mail	Reconciler's Phone No.
Approving Official's Name	Approving Official's E-Mail	Approving Official's Phone No.

Designated Default Banner Account & Control Information

_____ Fund	_____ Org	_____ Account
Monthly Credit Limit	Single Purchase Limit	Authorization/Day
		Transactions/Month

Approving Official's Signature

Date

Fiscal Officer Signature (required for single purchase limit in excess of \$2,500)

Date

Information below this line to be completed by Procurement Services

Change Made In Pathway Net	D Level Accounting Change Made	
Date:	From FTIORGH No:	Date:
By:	By:	