



# 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)

Request to Add MCC Group(s) \_\_\_\_\_

Request to Change MCC Group(s): From: \_\_\_\_\_ To: \_\_\_\_\_

### 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