



Send to: Purchase Card Administrator,
Purchasing, MSN 3C5
Email: pcardadm@gmu.edu

Purchase Card Maintenance Form

Name: _____

Email address: _____ Employee G#: _____

Account No. (last 6 digits only): _____

Cardholder Record Changes

- Department Name: _____ Business Phone: _____
- Mailing Address (include MSN): _____
- Supervisor/Reviewer Name From: _____ To: _____
New Reviewer Email address: _____
- Default Fund or Org Number Changed From: _____ To: _____
Office of Sponsored Programs must approve default funds that begin with a 2.
- Cardholder Last Name as it currently appears From: _____ To: _____

Card Cancellation Request

Delete/Close Account (please specify):

_____ Employee leaving university _____ Employee changing departments _____ Card no longer needed

Effective Date: _____

Credit Limit Adjustment

Single Transaction Limit Increase From: \$ _____ To: \$ _____

Single Transaction Limit Decrease From: \$ _____ To: \$ _____

Monthly Credit Limit Increase From: \$ _____ To: \$ _____

Monthly Credit Limit Decrease From: \$ _____ To: \$ _____

Limit Adjustment Justification: _____

This request is (please circle): Temporary Permanent Effective Date/s: _____

Signatures

Cardholders Signature: _____ Date: _____

Supervisor/ Reviewer Signature: _____ Date: _____