



Purchase Card Administrator  
 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/Approver Name From: \_\_\_\_\_ To: \_\_\_\_\_

New Reviewer Email address: \_\_\_\_\_

Default Fund/Org Number Change From: \_\_\_\_\_ To: \_\_\_\_\_

\*Office of Sponsored Programs must approve default funds that begin with a "2"

Cardholder Name Change From: \_\_\_\_\_ To: \_\_\_\_\_

## Card Cancellation Request

Request to Close Account (please check one):

Leaving University      Department Change      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 check one):      Temporary      Permanent      Effective Date/s: \_\_\_\_\_

## Signatures

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/ Approver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Office of Sponsored Programs Signature: \_\_\_\_\_ Date: \_\_\_\_\_