



**Change in Procurement Cardholder  
Authorizing Official / Chartfield**

Single Transaction Limit: \$5,000  
Monthly Limit: \$10,000

Date: \_\_\_\_\_  
Mm/dd/yyyy

**Cardholder Information:**

Print Cardholder's Name: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**CURRENT Approving Official Information:**

Print Current Approving Official's Name: \_\_\_\_\_ Department: \_\_\_\_\_

**CHANGE TO NEW Approving Official:** *This individual will be responsible for checking and approving your bank statement and monthly report.*

Approving Official's Name: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Back-up has changed: YES  NO

**If yes, provide new back-up Approving Official information:** *This individual will be responsible for approving your monthly submittals if the Approving Official is not available.*

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Default Chartfield information has changed: YES  NO

**If yes, provide new Default Department Chartfield Information:**

Account Code: \_\_\_\_\_ Fund Code: \_\_\_\_\_ Dept ID: \_\_\_\_\_

Program: \_\_\_\_\_ Class: \_\_\_\_\_ Project: \_\_\_\_\_

SUBMIT TO:  
Accounts Payable  
Department  
Campus  
Address: SA-2750