



Eastern Illinois University  
Department of Procurement,  
Disbursements & Contract Services  
1135 Old Main  
600 Lincoln Avenue  
Charleston, IL 61920

## PURCHASING CARD MAINTENANCE FORM

### TYPE OF REQUEST:

- |  |  |
|--|--|
| <input type="checkbox"/> Name Change                 | <input type="checkbox"/> Single Transaction Limit Change |
| <input type="checkbox"/> Departmental Address Change | <input type="checkbox"/> Monthly Spending Limit Change   |
| <input type="checkbox"/> Hierarchy Change            | <input type="checkbox"/> Add/Delete Banner Organizations |
| <input type="checkbox"/> Cancel Card                 | <input type="checkbox"/> Other_____                      |

**P-CARD NUMBER (last 4 digits):** \_\_\_\_\_

**CARDHOLDER NAME:** \_\_\_\_\_

**REASON FOR CHANGE:** \_\_\_\_\_  
(Departmental Change, Terminated, Married, Etc.)

**OLD INFORMATION:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NEW INFORMATION:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EFFECTIVE CHANGE DATE:** \_\_\_\_\_

**DEPARTMENT NAME:** \_\_\_\_\_

**ACCOUNT MANAGER PHONE NUMBER:** \_\_\_\_\_

\_\_\_\_\_  
**Account Manager Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Account Manager Name (Printed)**