PURCHASING CARD ACCOUNT MAINTENANCE FORM

Cardholder Name: _____

☐ **New Card Request**

Cardholder Name _____
Reed ID Number _____
Reed Email _____
Department NAME/ORGN _____
Credit Limit _____
Approver _____
Reconciler (optional) _____

☐ **Change Request**

Approver Change:
Current Approver _____
New Approver _____
Approver Reed ID Number _____
Approver Reed Email _____

Reconciler Change:
Current Reconciler _____
New Reconciler _____
Reconciler Reed ID Number _____
Reconciler Reed Email _____

Credit limit change: ☐ Permanent ☐ Temporary
Reason for change _____
New Credit Limit Amount & (if temporary), the end date _____

Department Relocation:
Current ORGN _____
New ORGN _____

Name Change:
Current Name _____
New Name _____

Employee Signature: _____ **Date:** _____

Manager Signature: _____ **Date:** _____

Business Office Use Only:

Program Admin Signature: _____ Date Processed: _____
MCC Template: _____ Controller Approval: _____