



TULANE UNIVERSITY

Pcard Maintenance Form

DATE OF REQUEST: _____

Select Request Type:

- | | |
|---|---|
| <input type="checkbox"/> NAME CHANGE | <input type="checkbox"/> MONTHLY LIMIT CHANGE |
| <input type="checkbox"/> ADDRESS CHANGE | <input type="checkbox"/> ACCOUNT CLOSURE |
| <input type="checkbox"/> DEPT. NAME CHANGE | <input type="checkbox"/> SINGLE TRANSACTION LIMIT CHANGE |
| <input type="checkbox"/> ADD/DELETE GL ACCOUNTS | <input type="checkbox"/> TEMPORARLY LIFT UNBLOCKED CATEGORY |

Last 4 Digits of Account # : _____

Cardholder Name: _____

Effective Date: _____

Comment: _____

Current Information: _____

Updated Information: _____

Supervisor Signature: _____