## The University of Arizona Purchasing Card Change Form

Change for Purchasing Card Number:	XXXX-XXXX	
	):Dep	
Con	mplete Only Fields below that are changing	
Campus Address for Every Cardholder. Be sure to infe	e PCard Statements are mailed. If they are to go to a central loca orm each cardholder what Campus Address has been used on th address. Giving any other address will result in a decline transa	neir application form. It is that address that
Campus PO Box:	Campus Street Address:	
City: State:	Zip Code:	
Work Phone:	_	
Changes to Cardholder Controls/Enhan	ncements	
Travel Enhancement: YN	Hotel Enhancement:YN	
PCard Plus Enhancement:YN * Rec	quires Department Head to approve	
Department Head Printed Name (*requir	red if adding PCard Plus):	
Dept. Head Signature (*required if adding PC	ard Plus):	Date
Single Purchase Limit: \$ (up to \$10,000)	Monthly Purchase Limit: \$(up to \$50,000)	
No. Transactions/day: (up to 50)	No. Transaction/month: (up to 500)	
Default Accounting number:(Default Accounting # must be listed under Dept. # PC	<del></del>	
Department Liaison Printed Name:		-
Department Liaison Signature:		Date