The University of Arizona
Purchasing Card Change Form

Change for Purchasing Card Number: _ _ _ _ -XXXX-XXXX-_ _ _ _

Purchasing Card Name (as listed on PCard): _____

Department Name: _____Dept. # _____

Complete Only Fields below that are changing

The Campus Billing Address will determine where the PCard Statements are mailed. If they are to go to a central location in your unit, use that location for the Campus Address for Every Cardholder. Be sure to inform each cardholder what Campus Address has been used on their application form. It is that address that should be given to merchants if asked for their billing address. Giving any other address will result in a decline transaction.

Campus PO Box: _____ Campus Street Address: _____

City: _____ State: _____ Zip Code: _____-_____

Work Phone: _____

Changes to Cardholder Controls/Enhancements

Travel Enhancement: ☐ Y ☐ N Hotel Enhancement: ☐ Y ☐ N

PCard Plus Enhancement: ☐ Y ☐ N * Requires Department Head to approve

Department Head Printed Name (*required if adding PCard Plus): _____

Dept. Head Signature (*required if adding PCard 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. # PCard has been issued under)

Department Liaison Printed Name: _____

Department Liaison Signature: _____ Date_____