

SEND AN EMAIL WITH CHANGES TO: payment@rice.edu
OR
RETURN THIS COMPLETED & APPROVED FORM TO THE PURCHASING CARD STAFF:
PAYMENT SOLUTIONS, MS 77

CHANGES TO EXISTING PURCHASING CARD

- Changes to be made to Cardholder’s Account
- Delete/Close Cardholder’s account (Send destroyed card with form)

Cardholder Name/Department: _____

Last six digits of Card Acct No.: XXXX – XXXX – XX _____ - _____

Default Coding (fund/org/acct): _____

Profile Choice: Purchasing Purchasing with T&E T&E only

	<u>Purchasing</u>	<u>T & E</u>
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Single Purchase Limit		
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Transactions per Day		
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Transactions per Cycle		
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Cycle Purchase Limit		
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If Adding Travel/Entertainment

Dean / VP Name and Email: _____

Change Approving Official

Name / Title: _____

Email / Ext: _____

Email Notifications

Cardholder: _____

Approving Official/Reviewer One: _____

Reviewer Two: _____

Reviewer Three: _____

REQUIRED SIGNATURES

Cardholder: _____ Date: _____

Approving Official/Title: _____ Date: _____