



Employee/Supervisor: Sign and submit form to your Agency Liaison for review and approval.

Agency Liaison: Submit approved forms with original signatures to:

BSC Finance: Credit Card Unit

1220 Washington Ave.

Building 5

Albany, NY 12226-1900

Email: BSC.CC.Applications@ogs.ny.gov

Phone: 518-457-4272 Fax: 518-485-7047

Procurement Card Change Request

Section 1: Employee Information

First Name	MI	Last Name	Title/Department
Agency GLBU	Employee ID Number (can be found on pay stub)	Email Address	Work Phone Number - -
Work Location			Last 4 Digits of P-Card
Employee Signature			Date

Section 2: Procurement Card Change Information

Justification of Change

Change Requested (check all that apply)

Supervisor Name Change Specify Change →

Reviewer Name Change Specify Change →

SFS Reviewer Add Name →

Delete Name →

SFS Approver Change Add Name →

Delete Name →

SFS Proxy Reconciler Add Name →

Delete Name →

Cardholder Default Accounting Distribution Change (Chartfield)

Business Unit	Department Code	Program	Fund	Operating Unit	Account
Chartfield 1	Chartfield 2	Budget Reference	PC Business Unit	Project ID	Activity ID

Citibank (as applicable)

Hierarchy 1 Hierarchy 2 Hierarchy 3 Hierarchy 4 Hierarchy 5 Hierarchy 6 Hierarchy 7

00132

Budget Signature (if applicable)

Transaction Limit Change New Limit → \$

Monthly Limit Change New Limit → \$

Cardholder Name Previous Name →

New Name →

Cancel Card

Section 3: Approvals

Employee's Supervisor's Name

Employee's Supervisor's Signature

Date

Division Director's Name

Division Director's Signature

Date

Deputy Commissioner's Name

Deputy Commissioner's Signature

Date

Agency Liaison to the BSC's Name

Agency Liaison to the BSC's Signature

Date