



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

Traveler 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 Address (full mailing address)				
Official Station - Street Address/ 5 digit zip code				Last 4 Digits of Travel Card
Justification				
Employee Signature			Date	

Change Requested (check all that apply)

Supervisor/Approver Specify Change →

Employee ID Number Specify Change →

Proxy Specify Change → Add Name → SFS User ID →
Delete Name → SFS User ID →

Cardholder Name Previous Name → New Name →

Cancel Card

Reduce Limit New Limit → \$ **Restore Limit to Standard \$7,500**

Section 2: Employee's Supervisor Approval

_____ Employee's Supervisor's Name	_____ Supervisor's Signature	_____ Date
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Section 3: Agency Liaison to the BSC Approval

SFS Default Chartfield Values

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

Citibank (if applicable)

Hierarchy 1	Hierarchy 2	Hierarchy 3	Hierarchy 4	Hierarchy 5	Hierarchy 6	Hierarchy 7	_____ Budget Signature (if applicable)
10646							

_____ Agency Liaison to the BSC's Name	_____ Agency Liaison to the BSC's Signature	_____ Date
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