



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

Agency Liaison: Complete application in PaymentNet or forward to BSC Finance Credit Card Unit.

Non-Employee Travel (NET) Card Change Request

SECTION 1: Employee Information

First Name	MI	Last Name	Title	Last 4 digits of NET Card
Agency GLBU	Employee ID No.	Email Address	Work Phone Number	

Employee's Signature _____
Date

SECTION 2 : NET Card Change Information

Justification for Change

Change Request (check all that apply)

SFS Approver	Add:	User ID → N# →	Delete:	User ID → N# →
SFS Reconciler	Add:	User ID → N# →	Delete:	User ID → N# →

Cardholder Default Accounting Distribution Change (Chartfield):

Business Unit	Department Code*	Program*	Fund*	Account*	Operating Unit*	Chartfield 1	Chartfield 2
Chartfield 3	PC Business Unit	Project ID	Activity ID	Budget Reference	Class	Product	Resource Category
Resource Sub Cat	Resource Type	Affiliate	Affiliate Infra 1				

JPMC (if applicable)

 Budget Signature (if applicable)

Hierarchy 1 Card Type NETCard	Hierarchy 2 Hosted Status BSC	Hierarchy 3 Accts Payable Business Unit	Hierarchy 4 Billing Acct Name
Hierarchy 5	Hierarchy 6	Hierarchy 7	Hierarchy 8

Cancel Card

Transaction Limit Change	New Limit →	\$
Monthly Limit Change	New Limit →	\$
Cardholder Name Change	Previous Name →	New Name →

SECTION 3: Approvals

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