



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.

Procurement Card Change Request

Section 1: Employee Information

First Name		MI	Last Name		Title/Department		
Agency GLBU	Employee ID Number		Email Address			Work Phone Number	Last 4 Digits of P-Card

Employee Signature _____

Date _____

Section 2: Procurement Card Change Information

Justification for Change

Change Requested (check all that apply)

SFS Approver Change

Add: User ID →

 N# →

Delete: User ID →

 N# →

SFS Proxy User ID

Add: User ID →

 N# →

Delete: User ID →

 N# →

Cardholder Default Accounting Distribution Change (Chartfield)

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

Budget Signature (If Applicable) _____

JPMC (if applicable)

Hierarchy 1 - Card Type Hierarchy 2 - Hosted Status Hierarchy 3 - Accts Payable Business Unit Hierarchy 4 - Billing Acct Name

PCard	BSC
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Additional Hierarchies (if applicable)

Hierarchy 5 Hierarchy 6 Hierarchy 7 Hierarchy 8

Cancel Card

Transaction Limit Change New Limit → \$

Monthly Limit Change New Limit → \$

Cardholder Name Previous Name → New Name →

Section 3: Approvals

Employee's Supervisor's Name _____

Employee's Supervisor's Signature _____

Date _____

Agency Liaison to the BSC's Name _____

Agency Liaison to the BSC's Signature _____

Date _____