

UW Madison Purchasing Card Program
Account Update Request Form

PLEASE UPDATE THE FOLLOWING PURCHASING CARD ACCOUNT:				
Cardholder Name:				
Employee ID		Last Four Digits of Account Number: (Embossed on the card)		
PLEASE MAKE THE FOLLOWING UPDATE(S):		Effective Date:		
<input type="checkbox"/>	Close Account			
<input type="checkbox"/>	Change Cardholder's Name to: <i>Note: Cards cannot be transferred from one individual to another or one department to another.</i>			
<input type="checkbox"/>	Change Cardholder's Demographic Information			
	Street Address:			
	City:		State:	ZIP Code:
	Business Phone: ()			
<input type="checkbox"/>	Change Default Funding <i>Note: Sponsored projects (fund 133/144) are typically unallowable for use as default funding. To see if your project qualifies for a rare exception, please contact Research and Sponsored Programs at federalaccounting@rsp.wisc.edu for additional information prior to submitting a change request.</i>			
	Account:	Fund:	Department ID:	Program:
<input type="checkbox"/>	Change Credit Limits			
	Cycle Credit Limit: \$		Single Purchase Limit: \$	
<input type="checkbox"/>	Add Proxy Reconciler		Remove Proxy Reconciler	
	Name:		Name:	
	Employee ID:		Employee ID:	
APPROVALS:				
Cardholder:				
Signature:			Date:	
Site Manager:				
Print:			Date:	
Signature:				
Divisional Business Office Representative:				
Print:			Date:	
Signature:				

Please route completed form to pcard@bussvc.wisc.edu or send via campus mail to:
Purchasing Card Program Office, 21 North Park Street, Suite 5301, Madison, WI 53715