

## **Procurement Card Account Change Form**

Mark and complete applicable areas and return to Procurement and Contracts (SH-125) as soon as possible.

Cardholder Name:		Coyote ID:		
Card	holder's Signature:	Department	Date:	
		et) Employee Action Request form (from Hur		
	Contact Information Change: Phone number (909)537-	New email address:	@csusb.edu	
	Limit Change: New Single Purchase Lin	nit: \$New Credit Limit	:: \$	
	☐ Temporary change to expire on	//_   Permanent Change		
	eby approve the above limit change revision of the department.	ns and certify that they are necessary to	accomplish the mission and	
Appro	oving Official Signature:	Date	:	
Provost/ Division VP/ Dean Signature:			Date:	
<b>.</b>	act / Divinions VID		Date:	
<b>Card</b> Per IO	Iholder Approving Official Changes CSUAM 5250.00 § 200 an Approving Official Diving all purchases before documentation is	Il is responsible for reviewing the monthly is sent to Procurement and Contracts. *F	/ procurement card usage and Prior to being designated an	
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