

Procurement Card Account Change Form

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

Cardholder Name:			Coyote ID:		
Cardholder's Signature:			Date:		
	Name Change : New name (Please print)_ <i>Please attach a copy of your completed Em</i> <i>before submitting to Purchasing.</i>				
	Contact Information Change: Phone number (909)537-	New email	address:	@csusb.edu	
	Limit Change: New Single Purchase Limit	:\$	New Credi	t Limit: \$	
	$\Box~$ Temporary change to expire on /_		Permanent Ch	ange	
	y approve the above limit change revisions f the department.	and certify that th	ey are necessa	ary to accomplish the mission and	
Approv	ing Official Signature:			Date:	
Dean's Signature:		Date:			
Vice President's Signature:				Date:	
Official	ing all purchases before documentation is s , an individual must complete training and sing Office. See <u>http://purchasing.csusb.ec</u>	have an Approvir	ng Official Cert		
		-	Alternate		
	New AO (Please print name):				
	nuc				
	New AO Signature:			_Date:	
	Approving Official (AO) Change:	Primary	Alternate		
	New AO (Please print name):				
	Title:				
	New AO Signature:			_Date:	
PURC	HASING OFFICE USE ONLY - Completed by:	:		Date:	