

Procurement Card Account Change Request Complete and return to Procurement & Contracts Services (SH-125)

	older Name:	Coyote ID:	
Cardh	older Department:	Email:	
Cardholder's Signature:		Date:	
	Name Change: New Name (Please pr Please attach a copy of your completed En submitting to Procurement & Contract Serv	rint) mployee Action Request form (from Human Resources) to this for vices.	m before
	, ,		@csusb.edu
	Default Stateside Chartfield Number	er: <u>Account Fund Dept ID Class Project/Grant</u>	
Cardh	older Approving Official Changes		
approv trainin	ing all purchases before documentation g and have an Approving Official Cer	icial is responsible for reviewing the monthly procurement consists sent to Purchasing Office. An Approving Official must rtification Form on file in the Procurement & Contracts asing.csusb.edu/pcard.html for details.	complete
Appro	ving Official (AO) Change:	Primary □ Alternate □	
	Title:		
	Title:		
	Title:	Date:	
	Title: New AO Signature: Replacing AO Name: Approving Official (AO) Change:	Date:	
	Title: New AO Signature: Replacing AO Name: Approving Official (AO) Change:	Date: Primary □ Alternate □	
	Title: New AO Signature: Replacing AO Name: Approving Official (AO) Change: New AO (Please print name):	Date:	
	Title: New AO Signature: Replacing AO Name: Approving Official (AO) Change: New AO (Please print name): Title: New AO Signature:	Date:	