



**Procurement Card /Department
Change Form**

Request for change to Procurement Card # _____ (Last four Digits only)

Cardholder Name: _____
(As it appears on card)

Type of Action: (Check one, then complete the appropriate sections below)

Change Credit Limit (s) Current \$ _____ to \$ _____

Change Name on Card Change Department Name

Previous Department: _____

Previous Department's FOAPAL _____ - _____ - _____

New Department: _____

New Department's FOAPAL _____ - _____ - _____

Cardholder NEW Name: _____

(Please Note)

This form is for named cards ONLY due to legal name change, such as divorce, marriage etc.

This form is not intended for use to request change from one individual to another, i.e. Bob Jones to Mary Smith.

Prior to submitting this form to the Procurement Card and Travel Services Office the proper Change of Name form must be completed in the University's Human Resources Office (See Link Below)

<http://www.southalabama.edu/departments/eforms/humanresources/changename.pdf>

Cardholder:

Print Name Signature Date

Approving Official:

Print Name Signature Date

Procurement Card and Travel Services Office

Changed by: _____
Signature Date Changed: