## BRYANT UNIVERSITY P-CARD MAINTENANCE FORM

| Cardholder's name   | Last 4 digits of SS #   |
|---|-------------------------|
| (Please print name as it appears on card)                                       |                         |
| Dept. Name  | Last 4 digits of Card # |
|   |                         |
| NAME CHANCE ICCUE NEW CARD [ ]  |                         |
| NAME CHANGE – ISSUE NEW CARD [ ]  |                         |
| Name as it currently appears (please print)                                     | New name (please print) |
|   | Last 4 digits SSN:      |
|   | Last 4 digits 551v.     |
|   |                         |
| ORG NUMBER CHANGE [ ]   |                         |
| From Org #  | To New Org #            |
| New Department Name   |                         |
| New Department Ivanic   |                         |
|   |                         |
| CREDIT LIMIT CHANGES  |                         |
|   |                         |
| [ ] New monthly limit   | [ ] Permanent Change    |
| [ ] New single transaction limit  | [ ] Temporary Change    |
| [ 11.6% smg.c transaction imme  | effective until         |
|   |                         |
|   |                         |
| Cardholder Signature:   | Date //                 |
|   |                         |
| Cardholder Approver Signature:  | Date/                   |
|   |                         |
| Departmental Approval Signature:  | Date/                   |
| Vice-President Signature Required for Org. Number Change or Credit Limit Change |                         |
| Vice-President  |                         |
| Purchasing Initial  | Process Date//          |
|   |                         |