

**A. Cardholder Information - Complete in its entirety**

Cardholder name (as it appears on the card):  
 CNetID: \_\_\_\_\_ eMail: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Last 4 digits of Credit Card Account Number: \_\_\_\_\_  
 Exec Level: \_\_\_\_\_ Dept. #: \_\_\_\_\_ Sub Unit: \_\_\_\_\_ Sub-Sub Unit: \_\_\_\_\_

**B. Card Maintenance - Complete the appropriate subsection in which a change is being requested**

**I. Cardholder Name Change**

Insert New Name: \_\_\_\_\_  
 Complete Section C Subsections: I & II

**II. Request for Card Cancellation**

- Cancel Card effective:
- Suspend cardholder privileges for the period effective:
- Resume cardholder privileges effective:
- Other (provide explanation): \_\_\_\_\_

Complete Section C Subsections: I, II and III

**III. Request for Spend Limit Changes**

- Travel Card **New** Billing Cycle Spend Limit \$ \_\_\_\_\_

For Travel Card complete Section C subsections: I, II and III

- Procurement Card **New** Single Purchase Limit \$ \_\_\_\_\_ **New** Billing Cycle Spend Limit: \$ \_\_\_\_\_

Intended Use: \_\_\_\_\_

For Procurement Card Complete Section C Subsections: I, II, III & IV

**IV. Add or Remove Card Features**

(Note: To Add new card features you will be required to re-apply using the GEMS application. You will be contacted to re-apply once your account has been reset.) Select the card feature to be added or removed from the current card.

- Travel Card                       Add                       Remove
- Procurement Card               Add                       Remove

Complete Section C Subsections I, II, and III.

**V. Request for Billing Address Change**

(Note: The Cardholder must be an active employee in the same department the credit card was issued under)

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Complete Section C Subsections: I & II

**VI. Request for Default FAS Account Change**

Insert new Account Number: \_\_\_\_\_

Complete Section C Subsections: I & II

**C. Department Approvals – Obtain signatures as instructed in Subsection B above**

<b>I. Cardholder</b>	Signature: _____ Date: _____
<b>II. Approver</b>	Name: _____ Title: _____
	Signature: _____ Date: _____
	eMail: _____ Telephone: _____
<b>III. Dept/Div Head</b>	Name: _____ Title: _____
	Signature: _____ Date: _____
	eMail: _____ Telephone: _____
<b>IV. Dean/VP Admin</b>	Name: _____ Title: _____
	Signature: _____ Date: _____
	eMail: _____ Telephone: _____