



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

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