



CHANGE FORM FOR PCARD OR WORKS USER ACCESS

Personal Information (complete)

First Name:	Middle Initial:	Last Name:
Email Address:	@okstate.edu	CWID (no A): 9-
Position Title:	Group Name:	

Billing Information (only complete if there are changes)

University Business Address:			
City:	State:	Zip:	Country: USA
Cardholder's Business Phone:		Secondary or Cell Phone:	
Default Chart and Fund (#-#####):			

Card Information and Controls (only complete if there are changes)

Role(s) – Use checkboxes (optional): <input type="checkbox"/> Cardholder <input type="checkbox"/> Approving Manager <input type="checkbox"/> Accountant <input type="checkbox"/> Group Proxy Reconciler <input type="checkbox"/> Group Owner	Credit Limits (transaction/monthly): Are limit changes permanent? Yes No If no, when will limits return to normal? Provide justification for monthly credit limit over \$10,000:
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Provide additional information or justification for changes:

Signatures and Dates:

_____ Signature of Cardholder	_____ Date
_____ Signature of Approving Manager	_____ Date
_____ Signature of Accountant	_____ Date
_____ Signature of Department Head	_____ Date
_____ Signature of Fiscal Officer/Other (if required)	_____ Date
_____ Signature of The Office of Central Procurement	_____ Date

Notes: [Administrative Use Only]

__W
__AX
__LS
__TrL
__Amz