

PURCHASING CARD CHANGE REQUEST

Procurement Services 201 Phillips Hall, South Campus

Phone: 516-463-6613 • Fax: 516-463-4605

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| ☐ CHANGE REQUEST | ☐ CANCEL | 66112:3/1. |
|--|--------------------------------|------------------------------|
| To request a change to an existing Hofstra University Purchasing Card, the employee must complete this form and submit the original signed document to Procurement Services. | | |
| Employee (Cardholder): | | |
| Employee Name (print): | | |
| Employee ID Number: | | |
| Employee Title: | | |
| Department Name: | | |
| Telephone Number: | Email Address: | |
| Purchasing Card Number: (last 4 digits) | | |
| Employee Signature: | Date: | <u> </u> |
| Cost Center Change: | | |
| Add Cost Center: Fund: | Org: | Account: |
| *Transaction Limit Change: | | |
| Current Per Transaction Limit: \$ | Current Monthly Limit | it: \$ |
| Requested Per Transaction Limit: \$ | Requested Monthly Limit: \$ | |
| Note: Transaction increases must be provided by the r | espective VP or Dean and r | equire a detailed rationale. |
| Rationale: | | |
| Approvals: | | |
| Supervisor Name (print): | Supervisor Signature: | |
| *VP or Dean Name (print): | *VP or Dean Signature: | |
| Procurement Services: | Procurement Services: | |
| The Vice President of Financial Affairs' signature is requi | red for transaction/monthly is | ncrease requests. |
| VP of Financial Affairs: | | Date: |