



# PURCHASING CARD CHANGE REQUEST

Procurement Services  
201 Phillips Hall, South Campus  
Phone: 516-463-6613 • Fax: 516-463-4605  
Email: Purchasereq@hofstra.edu • Web: hofstra.edu/procurement

66112.3/16

CHANGE REQUEST

CANCEL

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: \_\_\_\_\_

### Cost Center Change:

Add Cost Center: \_\_\_\_\_ Fund: \_\_\_\_\_ Org: \_\_\_\_\_ Account: \_\_\_\_\_

### \*Transaction Limit Change:

Current Per Transaction Limit: \$ \_\_\_\_\_ Current Monthly Limit: \$ \_\_\_\_\_

Requested Per Transaction Limit: \$ \_\_\_\_\_ Requested Monthly Limit: \$ \_\_\_\_\_

**Note: Transaction increases must be provided by the respective VP or Dean and require 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 required for transaction/monthly increase requests.

VP of Financial Affairs: \_\_\_\_\_ Date: \_\_\_\_\_