

CARDHOLDER NAME _____

DEPARTMENT _____

CARD NUMBER (last 4 digits) _____

DATE _____

TYPE OF REQUEST:

- Add FITAIRLINE "Open End" STL
- Add FITCAR Rental \$1,499 STL
- Add FITHOTEL "Open End" STL
- Budget Cost Center Change
- Campus Address Change
- Cancel Card
- Card Coordinator Change
- Cardholder Name Change*
- Department Change**
- No Single Transaction Limit***
 - Temporary Date to Expire _____
 - Permanent
- Phone Number Change
- Replacement Card
- Spending Purchase Limit per Cycle Change***
 - Temporary Date to Expire _____
 - Permanent

*Cancellation of card and issuance of a new card with updated information. **Cancellation of card. A new enrollment form must be submitted. ***Requires Director of Purchasing approval.

EXPLANATION OF REQUEST

DEPARTMENT HEAD SIGNATURE _____ PRINTED NAME _____

DIRECTOR OF PURCHASING SIGNATURE _____
Scott Peterson, Director

SPONSORED PROGRAMS SIGNATURE _____ PRINTED NAME _____
If applicable

**Return completed request to Procurement Services
Attn: Procurement Card Administrator**