***Change Form for Pcard or Works User Access***

***Complete personal information section, then update any fields in which changes have occurred.***

***Personal Information:***

|  |  |  |  |
| --- | --- | --- | --- |
| *First Name:* | *Middle Initial:* | | *Last Name:* |
| *Email Address:* **@**okstate**.edu** | | *CWID:* **9-** | |
| *Position Title:* | | *Group Name:* | |

**Were changes made to personal information?**

***Billing Information***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Business Address Line 1:*  **900 N Portland Ave** | | | *Business Address Line 2:* | | |
| *City:* **Oklahoma City** | | *State:* **OK** | *Zip:* **73107** | | *Country:* **USA** |
| *Business Phone:* *(***405***)***945***-* | | | *Secondary Business Phone:* **(405)744-8408** | | |
| *Chart:*  **6** |  | | *Fund:* |  | |

**Were changes made to billing information?**

***Card Information and Controls***

|  |  |
| --- | --- |
| *Role(s) – Use checkboxes:*  *Cardholder*  *Approving Manager*  *Accountant*  *Group Proxy Reconciler*  *Group Owner* | *Credit Limits (transaction/monthly):* *[select from drop down box]*    *Provide justification for monthly credit limit over $10,000*: |

**Were changes made to card information and controls?**

***Notes: [Administrative Use Only]***

***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 Purchasing Department Date*

**Provide justification for changes:**