Purdue Research Foundation Commercial Card Change to Account Form

☐ Change	☐ Delete/Close			☐ Lost/Stolen	
Master Card Account Num	ber: XXXX-XX	XX-XXXX	_		
Cardholder Name:					
Department:					
PRF Discretionary Account	t #:				
Areas for change: (or	nly complete	fields below to	o be cha	nged)	
Credit Limit Changes:					
Credit Limit Per Cycle	From: \$		To: \$ _		
Single Purchase Limits	From: \$		To: \$ _		
Length of Time	From:	(month/day)	To: _	(month/day)	
Describe why this increase	is necessary:				
Miscellaneous Changes: Responsible Person Name					
Reconciler Name and Email					
JP Morgan <u>requires</u> the inf	formation below	for authentication	purposes v	when inquiring about dept. cards:	
Faculty Named Card inform Office Phone Number ()	_			mail Address) Birth Date//	
Two Authorized Approvals	1				
Business Manager: (Recommending)				Date:	
Dean, Director, or Department Head: (Approving)				Date:	
PRF Credit Card Manager: (Acknowledge Receipt)	_			Date:	

Completed forms should be emailed to <u>creditcardactivity@prf.org</u>, or shared with <u>tkgick@prf.org</u> through the Purdue University File Locker.