



PURCHASING CARD ORDER / CHANGE FORM

RETURN TO: PROCURE-TO-PAY OFFICE, BLDG. 14
 Phone: 253-566-5044 Fax: 253-566-5379

Date: _____

❖ REQUEST FOR NEW P-CARD Faculty Staff (select one)

Cardholder's Name:	
TCC Employee Number:	
Date of Birth:	
TCC Email Address:	
Mother's Maiden Name:	
Country of Citizenship:	
Department:	
Phone Number:	
Default Account Code:	
Card Custodian:	
DEFAULT CARD LIMIT: \$3,600.00 SINGLE & MONTHLY TRANSACTION LIMIT. SEE LINES BELOW TO REQUEST DIFFERENT LIMITS.	

❖ REQUEST FOR CHANGE / UPDATE OF INFORMATION

Cardholder's Name:	
Account Number (Card #):	
<input type="checkbox"/> Name Change	
<input type="checkbox"/> Lost / Stolen - Need Replacement	
<input type="checkbox"/> Single Transaction Limit: <input type="checkbox"/> Increase / <input type="checkbox"/> Decrease	
<input type="checkbox"/> Monthly Credit Limit: <input type="checkbox"/> Increase / <input type="checkbox"/> Decrease	
<input type="checkbox"/> Reset Adjustment on	
<input type="checkbox"/> Change Default Accounting Code	
<input type="checkbox"/> Close Account - Reason:	

 Authorized Supervisor's Signature

 Date

 Print Name

◀ PROCUREMENT-TO-PAY USE ONLY ▶

<i>Date Received</i>	<i>Date Processed</i>	<i>By</i>