

Chicago State University  
Office of Financial Affairs ADM213  
9501 S. King Drive Street  
Chicago, IL 60628

**PURCHASING CARD  
MAINTENANCE FORM**

**TYPE OF REQUEST:**

- |  |  |
|--|--|
| <input type="checkbox"/> Name Change                 | <input type="checkbox"/> Single Transaction Limit Change |
| <input type="checkbox"/> Departmental Address Change | <input type="checkbox"/> Monthly Spending Limit Change   |
| <input type="checkbox"/> Hierarchy Change            | <input type="checkbox"/> Add/Delete University FOPAL     |
| <input type="checkbox"/> Cancel Card                 | <input type="checkbox"/> Other_____                      |

**P-CARD NUMBER (last 4 digits):** \_\_\_\_\_

**CARDHOLDER NAME:** \_\_\_\_\_

**REASON FOR CHANGE:** \_\_\_\_\_  
(Departmental Change, Terminated, Married, Etc.)

**OLD INFORMATION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NEW INFORMATION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EFFECTIVE CHANGE DATE:** \_\_\_\_\_

**DEPARTMENT NAME:** \_\_\_\_\_

**FISCAL OFFICER PHONE NUMBER:** \_\_\_\_\_

\_\_\_\_\_  
**Fiscal Officer Signature      Date**

\_\_\_\_\_  
**Fiscal Officer Name (Printed)**