

Procurement Card Update Form

Department Name

Org Unit (8 digits)

Cardholder Name (as it appears on front of Procurement Card)

Type of Request:

Account Closure

Reason: _____

Note: Card should be destroyed, DO NOT send card with this form.

Default Account change (Please include **Fund**, and **Cost Center or Internal Order**)

Mailing Address change

Name change

Change spending limit

Suspend Account

Approximate time period for which account will be suspended: _____

Re-activate Suspended Account

Other: _____

Current Information:

New Information:

Department Administrator

Phone

Department Administrator's Signature

Date

Fax or Email Completed Form to:
Procurement Card Administrator
Eastern B001
Fax (443) 997-5699
pcard@jhu.edu