

Boston University Purchasing Card

PCard Account Changes

Desired account changes - place X in appropriate box(es)

Change Spending Limits

Change Default Accounting

Effective Date: _____

Department Name: _____

Default Account #: _____ - _____ - _____
Unit Dept. Object

If you make purchases for Unit-Dept. accounts other than your default, CHECK HERE :

Cardholder's Name (First, Middle Initial, Last):	BU ID#:
Cardholder's Position (new, if transfer):	Date of Birth:
Office Mailing Address (new, if transfer):	Office Phone #:
City, State, Zip Code:	FAX #:
E-mail Address:	

Standard Spending Authorization Parameters - place X in appropriate box

Option One <input type="checkbox"/> \$5,000 Monthly Credit Limit \$1,000 Single Purchase	Option Two (default) <input type="checkbox"/> \$10,000 Monthly \$ 1,000 Single Purchase	Option Three <input type="checkbox"/> \$ 20,000 Monthly \$ 1,000 Single Purchase	Option Four <input type="checkbox"/> \$ _____ Monthly \$ 1,000 Single
--	---	--	---

Cardholder's Signature:	Date Signed:
Dept. Budget Manager/Dept. Head Name (First and Last):	E-mail Address:
Dept. Budget Manager/Dept. Head Signature:	Date Signed:
Unit Financial Officer Name (First and Last)*:	E-mail Address:
Unit Financial Officer Signature:	Date Signed:

*Authorized signer in the business unit to whom your department reports financially. E.g., CAS Finance office, SDM Dean's office, administrative Dean or VP.

Please mail or fax the completed maintenance form to:

Charles River Campus:
 PCard Program Administrator
 BU Sourcing
 985 Commonwealth Ave., Room 210
 Boston, MA 02215
 FAX: 617-353-5384