



Travel Purchasing Card (T-Card) Change Form

Complete Section 1 and Section 7, and then choose the appropriate section to complete based on the desired T-card account change. If you have any questions, contact the T-Card Administrator at 828-251-6243. Submit form to cmallon@unca.edu.

Section 1: Cardholder Information

| | | |
|---|--------------------------------|--|
| Cardholder Name (as shown on T-Card): _____ | UNC Asheville ID Number: _____ | T-Card Number (last four digits only): _____ |
| Campus Phone Number: _____ | Email Address: _____ | |

Section 2: Increase Spending Limits

Describe rationale for increased spending limits: _____

Section 3: Close T-Card Account

Close purchasing card account for the following reason (e.g. change job, lack of use, separating from University): _____

Date to close purchasing card: _____

****For Section 3 changes, this form and your purchasing card must be hand delivered to the T-Card Administrator.**

Section 4: Change or Update Cardholder Name

New/Updated Name (as it should appear on new card): _____

Section 5: Change Default Organization and Fund and/or Add additional Organizations

****Each card is required to have a default fund number.**

| | |
|------------------|--------------|
| Current Default: | New Default: |
| _____ | _____ |
| Fund | Fund |

Section 6: Add/Change Reconciler and Additional Approver

| | | |
|---------------------------|-------------------------|----------------------------------|
| | Reconciler Information: | Additional Approver Information: |
| Name: _____ | _____ | _____ |
| Banner User Name: _____ | _____ | _____ |
| UNC Asheville ID: _____ | _____ | _____ |
| Signature and Date: _____ | _____ | _____ |

Is the current Reconciler or Approver being replaced? If so, list that persons name below and he/she will be deleted from their role in the Works system. New reconcilers and approvers must attend the training class.

| | |
|---------------------------|-------|
| Name: _____ | _____ |
| Signature and Date: _____ | _____ |

Section 7: Certification

I request the changes noted above to my procurement card account and certify that all information provided is correct.

| | | |
|---|---|------------|
| Printed Name of Cardholder _____ | Cardholder Signature _____ | Date _____ |
| Printed Name of Approver _____ | Approver Signature _____ | Date _____ |
| Printed Name of Department Head or Designee _____ | Department Head or Designee Signature _____ | Date _____ |

To Be Completed by the P-Card Administrator

Changes have been completed to P-Card account.

| | | |
|--|--------------------------------------|------------|
| Printed Name of P-Card Administrator _____ | P-Card Administrator Signature _____ | Date _____ |
|--|--------------------------------------|------------|