



**Change in Procurement Cardholder  
Authorizing Official / Chartfield**

Date: \_\_\_\_\_  
Mm/dd/yyyy

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**Cardholder Information:**

Print Cardholder's Name: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

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**CURRENT Approving Official Information:**

Print Current Approving Official's Name: \_\_\_\_\_ Department: \_\_\_\_\_

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**CHANGE TO NEW Approving Official:** *This individual will be responsible for checking and approving your bank statement and monthly report.*

Approving Official's Name: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

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**Back-up has changed:** YES  NO

**If yes, provide new back-up Approving Official information:** *This individual will be responsible for approving your monthly submittals if the Approving Official is not available.*

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Default Chartfield information has changed:** YES  NO

**If yes, provide new Default Department Chartfield Information:**

Account Code: \_\_\_\_\_ Fund Code: \_\_\_\_\_ Dept ID: \_\_\_\_\_

Program: \_\_\_\_\_ Class: \_\_\_\_\_ Project: \_\_\_\_\_

SUBMIT TO: Procurement Services, Campus Address:SA-2750
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