



Change Form for Pcard or Works User Access

Complete personal information section, then update any fields in which changes have occurred.

Personal Information:

First Name:	Middle Initial:	Last Name:
Email Address:	@okstate.edu	CWID: 9-
Position Title:	Group Name:	

Were changes made to personal information?

Billing Information

Business Address Line 1:		Business Address Line 2:	
City:	State:	Zip:	Country: USA
Business Phone: () -		Secondary Business Phone: (405)744-8408	
Chart:		Fund:	

Were changes made to billing information?

Card Information and Controls

Role(s) – Use checkboxes: <input type="checkbox"/> Cardholder <input type="checkbox"/> Approving Manager <input type="checkbox"/> Accountant <input type="checkbox"/> Group Proxy Reconciler <input type="checkbox"/> Group Owner	Credit Limits (transaction/monthly): <small>[select from drop down box]</small> Provide justification for monthly credit limit <u>over \$10,000</u> :
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Were changes made to card information and controls?

Provide justification for changes:

Signatures and Dates:

Notes: [Administrative Use Only]

_____ Signature of Cardholder	_____ Date
_____ Signature of Approving Manager	_____ Date
_____ Signature of Accountant	_____ Date
_____ Signature of Department Head	_____ Date
_____ Signature of Fiscal Officer/Other (if required)	_____ Date
_____ Signature of Purchasing Department	_____ Date

