



Purchasing Card Cardholder Change Request

TO: Program Administrator (or designate)
5310 – 49 Street, Barrhead, AB T7N 1P3
Phone: (780) 674-8526
Fax: (780) 674-3262

FROM: _____
(Principal/Supervisor)

(Title)

Phone: _____
Fax: _____

DATE: _____

SIGNATURE: _____

Please make the following modifications as soon as possible.

Cardholder Name: _____

1. General Ledger Budget or Transfer to another School Location Change:

From: _____ To: _____

2. Limits:

Transaction Limit From: \$ _____ To: \$ _____

Monthly Limit: From: \$ _____ To: \$ _____

3. Card Cancellation: Yes _____ No _____

Reason for Cancellation: _____

4. Temporary Card limit change (Three (3) days notification required)

Transaction Limit \$ _____ to \$ _____

Monthly Limit \$ _____ to \$ _____

Start Date: _____ End Date: _____