



Procurement and Business Services

P-Card Name Change Form

This form should be completed for any requested P-Card Name Change

Department Name: _____

Last 6 Digits of Card #: _____

Current Name on Card: _____

New Name (max 21 characters): _____

Requested by: _____

Department Head Approval: _____ **Date:** _____

.....
Any additional instructions:

Delegate Signature

.....
P-Card Administrator Approval: _____