



Board of County Commissioners Purchasing Division

CARDHOLDER CHANGE FORM

Cardholder Name: _____ Card Last 4: _____

Cardholder Title: _____ Department: _____

- Increase Profile Spending Limit (must justify): _____
- Increase Single Transaction Limit (must justify): _____
- Change Name (must reflect HR/Payroll name): _____
- Transfer to another Department: _____
- Decrease Profile Spending Limit: _____
- Decrease Single Transaction Limit: _____
- Deactivate Card #: (Last Four Digits ONLY) _____
- Replacement Card: (Last Four Digits ONLY) _____

Please provide justification:
(Required) _____

Approval:

_____	_____	_____
Department Director	Print Name	Date

I certify that the changes requested above have been executed in accordance with the Purchasing Policy.	
_____	_____
Purchasing Manager or Designee	Date

Revised: 9.24.18

Return this completed form via e-mail to sulloa@myokaloosa.com or interoffice mail to Suzanne Ulloa, PUR