

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: @langston.edu	CWID: 9-	
Position Title:	Department Name:	

Were changes made to personal information?

Billing Information

Business Address Line 1: Langston University		Business Address Line 2: P.O. Box 608	
City: Langston	State: OK	Zip: 73050	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	Credit Limits (transaction/monthly): [select from drop down box] 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:

Signature of Cardholder	Date
Signature of Approving Manager	Date
Signature of Accountant	Date
Signature of Department Head	Date
Signature of Fiscal Affairs	Date
Signature of Pcard Administrator	Date

Notes: [Administrative Use Only]
