

UW MILWAUKEE PCARD MAINTENANCE REQUEST

DATE:

CARDHOLDER NAME and LAST 4 DIGITS OF CARD

Name, Phone Number and Email of Requester:

TYPE OF REQUEST

- CANCEL CARD (please check reason)
 - Employee separated employment (provide date)
 - Employee switched departments
 - Employee no longer needs card
 - Other (explain)

- DEFAULT FUNDING CHANGE-New Funding:

- CYCLE LIMIT CHANGE (amount)*
(cannot exceed \$20,000 without UWSA Approval)
 - Temporary Increase (date)
 - Permanent Increase (reason)

- SINGLE PURCHASE LIMIT CHANGE (amount)*
(cannot exceed \$5000 without UWSA Approval)
 - Temporary Increase (date)
 - Permanent Increase (reason)

- DIVISION CHANGE ** *If Cardholder changes Divisions, they must cancel current card and apply for a new card with the new Division Funding and Approvals.*

- CARDHOLDER NAME CHANGE _____ (This can only be changed by the bank and a new card would be sent)

- CARDHOLDER ADDRESS CHANGE

*Requires Approval of Division UBR (Unit Business Representative)

Department Signature:

UBR Signature (when required):

Once completed & approved please send this request form to PCard-Updates@uwm.edu