

# TRAVEL CARD CHANGE FORM

Cardholder's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**CANCEL CARD**  Cancel Card

Name: \_\_\_\_\_

Department: \_\_\_\_\_

**NOTE:** Please PRINT  
or open file in Excel and  
enter info before printing.

**NAME CHANGE**  Check if changes need to be made in this area

Old Name: \_\_\_\_\_

New Name: \_\_\_\_\_

**DEPARTMENT NAME**  Check if changes need to be made in this area

New Card \*

Old Dept: \_\_\_\_\_

New Dept: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**ADDRESS CHANGE**  Check if changes need to be made in this area

Old: \_\_\_\_\_ New: \_\_\_\_\_

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip)      \_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip)      \_\_\_\_\_  
(Phone)

**CARD CONTROLS:**  Check if changes need to be made in this area

Credit Limits: Per Transaction \$ \_\_\_\_\_ Per Day\*\* \$ \_\_\_\_\_ Per Month\*\* \$ \_\_\_\_\_  
Maximum \$5,000

Number of Transactions Allowed: Per Day \_\_\_\_\_ Per Month \_\_\_\_\_

If these changes are temporary, indicate date defaults should resume: \_\_\_\_\_

\_\_\_\_\_  
(Cardholder Signature)      \_\_\_\_\_  
(Vice Chancellor, Dean, Department Head)

\* If this box is NOT checked, you will not receive a new card.  
Note: Changing your name will automatically generate a new card.