



VISA Pcard Change Request



CARDHOLDER INFORMATION

Card No. (last 8 digits only)

□	□	□	□	□	□	□	□
---	---	---	---	---	---	---	---

Cardholder Name:

Temporary Change

Permanent Change

Effective Date _____

Expiry Date _____

CARD LIMIT INCREASE

All increase requests must clearly demonstrate an ongoing need for a higher threshold and must be accompanied by justification.

Amount requested: Transactional _____ Monthly _____

Justification:

CARD RECONCILER/APPROVER CHANGE

Eliminate Reconciler

Add Reconciler

Eliminate Approver

Add Approver

AUTHORIZATIONS

X		
	Applicant	Date
X		
	VP/Dean/Dept Head/Director	Date
	Print Name & Title	Date

Processing only: Approved Declined

Approval Signature & Title: _____ Date: _____

Amount\$: Trans: _____ Monthly: _____

All signatures must be included. Scan/email to pcard@uwo.ca or fax to 83772