THE UNIVERSITY OF
SOUTHERN MISSISSIPPI

CARDHOLDER UPDATE FORM

_____   _____

Cardholder Name (as appears on front of Procurement Card)   Emplid:

_____   _____

Department Name   Last 4 digits of Card#

Type of Request:

☐ Close Card   Effective Date: _____

   Note: Card must be destroyed by holder, **DO NOT** send card with this form.

☐ Change Spending Limit (Increase or Decrease):
   ☐ Single Transaction Limit (Default $5,000)   Change to: _____
   ☐ Daily Spending Limit (Default $10,000)   Change to: _____
   ☐ Monthly Spending Limit (Default $20,000)   Change to: _____

☐ Permanent Limit Change   Start Date: _____
☐ Temporary Limit Change   Start Date: _____   End Date: _____

☐ Change the Name on card from: _____
   Change the Name on card to: _____

☐ Other change needed:

_____

_____   _____
Cardholder Signature   Date

_____   _____
Budget Authority/Approver Signature (Cannot be cardholder)   Date

Send signed form to Attn: PCard Administrator – Box 5003 or **_Pcard@usm.edu_**

Updated May 2025