



# La Salle University

PHILADELPHIA, PA 19141

## PURCHASING CARD CHANGE FORM

### **CURRENT INFORMATION:**

Employee Name \_\_\_\_\_ Last 4 Digits of Card Number \_\_\_\_\_  
Department Name \_\_\_\_\_ Employee ID \_\_\_\_\_  
Fund Code 110050      Organization Code \_\_\_\_\_ Program Code \_\_\_\_\_  
Business Phone \_\_\_\_\_ Email \_\_\_\_\_

### **NEW INFORMATION: (select from options below)**

\_\_\_\_ Name change or correction: \_\_\_\_\_

\_\_\_\_ Department Transfer      New Department Name \_\_\_\_\_

\_\_\_\_ Add Additional Budget authorization      New Fund \_\_\_\_\_ New Organizationn \_\_\_\_\_

New Program \_\_\_\_\_

\_\_\_\_ Change Credit Limit      Temporary Change \_\_\_\_\_ Ending date \_\_\_\_\_

Permanent Change \_\_\_\_\_

New Credit Limit \_\_\_\_\_

\_\_\_\_ Close Account      Reason \_\_\_\_\_

*Note: All charges must be paid in full in the next statement period.  
Return the card to the Director of Accounts Payable and Purchasing  
Immediately.*

\_\_\_\_ Card Damaged, Request Replacement

\_\_\_\_ Card Lost or Stolen      Date missing \_\_\_\_\_

Date of last good purchase \_\_\_\_\_

Vendor \_\_\_\_\_

Amount of purchase \_\_\_\_\_

*Note: Call JP Morgan Chase 800-270-7760 immediately to report lost or stolen  
card. Immediately forward this form to the Director of Accounts Payable and  
Purchasing. Allow 10 business days for replacement card to arrive.*

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Area Vice President or Provost  
(required for Department Change or Credit Limit Change)

\_\_\_\_\_  
Date