UNM Purchasing Card
Modification of PCard Information

Cardholder Name: ___________________________ Department: ___________________________
UNM Mail Stop Code: ___________________________ UNM Phone: ___________________________
Campus: ___________________________ Org Code: ___________________________
Division: ___________________________ Net Id: ___________________________
Banner Id: ___________________________ Email: ___________________________

Required Card Limits

| Weekly Credit Limit | $ |
| Single Transaction Limit ($10,000 maximum) | $ |

Optional Card limits

| Optional Daily Limit | $ |
| Optional Daily Limit | # |

Travel

Air/Hotel/Vehicle Rental/Ground Transportation (Single Trans Limit) | $ |

Or

Air Only (Single Trans Limit) | $ |

We, the undersigned, request that the above individual be issued a Purchasing Card based on the above information. We have read the Cardholder Agreement and agree to all the terms and conditions stated therein. UNM Departments are ultimately responsible and accountable for all the activity that occurs on their PCard.

Signature ___________________________ Printed Name & Title ___________________________ Date ________

Dean, Director/Dept Head: ___________________________ ___________________________ ________

Supervisor: ___________________________ ___________________________ ________

Cardholder: ___________________________ ___________________________ ________

PCard Approval: ___________________________ Date: ________