

**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
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Dean, Director/Dept Head: _____

Supervisor: _____

Cardholder: _____

PCard Approval: _____ Date: _____