

ROCHESTER INSTITUTE OF TECHNOLOGY
JP MORGAN CHASE PROCUREMENT CARD CHANGE FORM

Card Number **College or Department**

A. Name Change

Former Last Name **First Name** **Middle Initial**

New Last Name **First Name** **Middle Initial**

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B. Account Number Change

Indicate new 24 digit account number **End Date (if a restricted account)**

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C. Limit Change

Indicate per transaction amount _____ **(cannot exceed \$1499.99)**

Indicate monthly limit requested _____ **(\$2500 suggested monthly limit)***

*if monthly requested limit is >\$5,000 attach a memo of explanation

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Cardholder's Signature **Date**

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D. Authorized Signatures (must be one level of management above the card holder)

1. Approving Supervisor (Individual who will approve cardholder's monthly statement)

Name **Title** **College/Department**

Signature **Date**

2. Budget Authority, if different from above (Dean, Director, Department Head or VP)

Name **Title** **College/Department**

Signature **Date**

Return form to Accounting, Eastman 6th floor. Call extension 5-4491 with questions.

Change form revised 10/04