



**REQUEST FOR CARD/
CARD DETAIL CHANGE**
Purchasing Card Program

Instructions:

- This form is to be completed by the Employee and Purchasing Card Coordinator to request a new Purchasing Card or to request a change to an existing card.
- This request must be approved by the Senior Financial Officer (or designate).
- For further information, refer to **Core Policy and Procedures Manual (E.6)**.
- **Please type or print clearly.**

MINISTRY NAME	TYPE OF REQUEST <input type="checkbox"/> APPROVAL FOR NEW CARD <input type="checkbox"/> NOTICE OF CHANGE
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EMPLOYEE (Cardholder) INFORMATION

NAME (Last Name, First Name and Initial)	GOVERNMENT EMPLOYEE ID NO.
OFFICE ADDRESS (Mailing Address)	OFFICE PHONE NO. ()
OFFICE EMAIL ADDRESS	CARDHOLDER NUMBER (Required only if changing existing card information)
CARDHOLDER SIGNATURE X	DATE SIGNED YYYY / MM / DD

AUTHORIZATION

MONTHLY LIMIT \$	PER TRANSACTION LIMIT \$		
EXPENSE AUTHORITY SIGNATURE X	NAME	PHONE NUMBER ()	DATE SIGNED YYYY / MM / DD
PURCHASING CARD COORDINATOR SIGNATURE X	NAME	PHONE NUMBER ()	DATE SIGNED YYYY / MM / DD

ADDITIONAL ACCOUNT SET-UP INFORMATION

REPORTING UNIT (Hierarchy) NAME	HIERARCHY NUMBER ('Reports To' Profile)
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COMMENTS