



University of Toledo
Accounts Payable Department
2801 W Bancroft - MS 451
Toledo OH 43615

Position Change Form

PURPOSE: To obtain new information needed to generate changes for current cardholders when a cardholder transfers to another department and the duties include utilizing a Purchasing Card.

SEND COMPLETED ORIGINAL FORM TO: Accounts Payable – MS 451 – Scott Park Campus

As the approving official, I hereby request the following changes be made by the program administrator and that the purchasing card be transferred as indicated.

Last Name:	First Name	Middle
_____	_____	_____
Cardholder signature:		Date signed:
_____		_____
Last Four Digits of Card number: _____		
Reporting Authority Name:	Reporting Authority Signature	
_____	_____	
(print name)	(signature)	
Paymentnet Approver name (can be supervisor/reporting authority or designated person):		
_____	_____	
(print name)	(signature)	
Transaction limits are determined by your Department Budget Administrator		
Single Transaction Limit request \$ _____ (cannot exceed \$4,999.99)		
Monthly Limit Request \$ _____		
New Default Departmental Index # _____		
New Department Name: _____		