CHANGE FORM FOR PCARD OR WORKS USER ACCESS

Personal Information (complete)

First Name:	Middle Initial:	Last Name:
OSU Email Address:		CWID:
Position Title:	Group Name:	

Billing Information (only complete if there are changes)

University Business Address:			
City:	State:	Zip:	Country: USA
Cardholder's Business Phone:		Secondary or Cell Phone:	
Default Chart and Fund (#-######):			

Card Information and Controls (only complete if there are changes)

Role(s) – Use checkboxes (optional): ☐ Cardholder ☐ Approving Manager ☐ Accountant ☐ Group Proxy Reconciler ☐ Group Owner	Credit Limits (transaction/monthly): Select Transaction & Monthly Limits Are limit changes permanent? ☐ Yes ☐ No If no, when will limits return to normal? **Non-students**, provide justification for monthly credit limit over $20,000. **Students**, provide justification for transaction limits greater than $250 or monthly credit limits greater than $2,500.

Provide additional justification for changes or other information:

Signatures and Dates:

Signature of Cardholder *Date*

By signing below, I certify that I am the Fiscal Officer or authorized alternate Fiscal Officer for this account. I approve this request and attest that all required departmental, divisional, and other applicable approvals have been obtained and verified prior to submission.

Signature of Fiscal Officer/Alternate Fiscal Officer *Date*

For Central Procurement Use Only:

Signature of Pcard Administration/OCP-Stw *Date*

Other notes and instructions:

Email completed form to osu.pcard@okstate.edu

Updated 2026.07