

EXHIBIT C

UNIVERSITY OF CINCINNATI

PURCHASING CARD CARDHOLDER ACCOUNT MAINTENANCE REQUEST

Cardholder Name \_\_\_\_\_ Date \_\_\_\_\_
Organizational Unit \_\_\_\_\_ Card Account # \_\_\_\_\_

TYPE OF REQUEST:

A. Address Change \_\_\_\_\_

B. Account Closure (please explain) \_\_\_\_\_

C. Name Change \_\_\_\_\_
May result in cancellation of card and issuance of a new card with updated information.

D. Credit Limit Change From \_\_\_\_\_ To \_\_\_\_\_

E. Transaction Limit From \_\_\_\_\_ To \_\_\_\_\_
Per transaction and monthly limits are not to exceed \$2,000 and \$10,000 respectively without a written explanation of the cards intended use.

F. Unique ID Change (Grant) From \_\_\_\_\_ To \_\_\_\_\_

G. Cost Center Change From \_\_\_\_\_ To \_\_\_\_\_

H. Account Level GL Number Change (GL Account)
From \_\_\_\_\_ To \_\_\_\_\_

I. Master Account Code Change:
From
Fund / Functional Area / Business Area / Internal Order / WBS

To
Fund / Functional Area / Business Area / Internal Order / WBS

J. Card Verifier/Allocator Change (Enter the UC Flex user ID)
Maximum of four reviewers per card
From \_\_\_\_\_ To \_\_\_\_\_
From \_\_\_\_\_ To \_\_\_\_\_
From \_\_\_\_\_ To \_\_\_\_\_
From \_\_\_\_\_ To \_\_\_\_\_

K. Travel: Add [ ] Remove [ ]
For Academic Health Center Travel Purchasing Card Instructions, go to
http://www.mcmfss.uc.edu/genaccount/travelpcard.cfm

\*Dean, VP, or Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

L. Other (please explain) \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

Cardholder Supervisor/ Authorized Department Approval:
Name \_\_\_\_\_
Signature \_\_\_\_\_ Date: \_\_\_\_\_

\* Dean, VP, or Designee Signature is required when requesting travel to be added to a Purchasing Card.