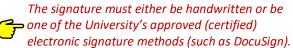


PCard Update Form – U-Health Change Default Chartfield

Please send completed form to pcard@purchasing.utah.edu

| Requesto | r Name: | | | | UNID# | | |
|----------------|---------------------|---------------------|---|-------------|------------------------|--|--|
| Requesto | r Dept Name: | | | | Org ID# | | |
| Please fill ou | t the below informa | ition to change the | default chartfield | on a pcard: | | | |
| Cardholde | r Information: | | | | | | |
| Name: | | | | | Last 10 digits of card | | |
| | | | | | | | |
| Current D | Pefault Chartfield | d New Requ | uested Chartfie | eld | | | |
| | | | | | | | |
| | | • | If you are updating the ORG , please describe the reason for the update: | | | | |
| | | | | | | | |

PCard update forms must be signed by someone authorized in GFA for the new chartfield listed above. Cardholders are able to authorize this form if they are also listed in GFA for the chartfield.



| | | | 9 / | | | | |
|--------------------|--|-----------|------|--|--|--|--|
| Approval Signature | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| N | lame of Account Executive or Alternate | Signature | Date | | | | |