## University of Toronto PURCHASING CHARGE CARD REQUEST CHANGE FORM

Current Card Holder
Please fill out card number
Last Name Given Name Initial
Faculty E-mail
Department Phone No Fax
Mailing Address Room No
City         Province         Postal Code
Requested Change
□ Card Cancellation □ Monthly Limit
□ Transaction Limit FROM:
□ Address Change □ Department Name Change
□ Departmental Card Coordinator Change TO:
Default Account:
FROM: Please add zeros to non-existing accounts
<del>                                     </del>
G/L Account Cost Centre Fund Centre Fund Internal Order (add a zero in front if
only five digits) TO:
G/L Account Cost Centre Fund Centre Fund Internal Order (add a zero in front if
only five digits)
COMMENTS:
Authorization
Signature Printed Name &Title Phone No. Date
Cardholder
Departmental Card Coordinator
Campus Card Coordinator

Departmental Head or Equivalent