



PCARD TRANSFER AND/OR DELEGATE CHANGE FORM

Employee Status: _____ Full Time _____ Permanent Part-Time _____ Floater

Scan & email the completed form to: pcards@richmond.edu

CARD INFORMATION

Name listed on the PCard: _____ Extension: _____
Card ending in (last 4-digits only): _____ Current Cardholder Name: _____
Reason for change: _____

REQUEST TO CHANGE CARDHOLDER INFORMATION FOR DEPARTMENT PCARD

Have you ever had a University of Richmond PCard: _____ YES _____ NO
UR ID: _____ UR Email: _____
Last Name: _____ First Name: _____
Job Title: _____ Work Phone: _____ Cell Phone: _____
*Unique 4-digit Number (password) _____ *Mother's Maiden Name _____
JP Morgan will require the unique password and/or mother's maiden name for verification purposes if you contact them for assistance

REQUEST TO CHANGE DELEGATE

Have you ever been a delegate for a University PCard: _____ YES _____ NO
Allocator Printed Name: _____ Title: _____
Allocator Signature: _____ Date: _____

AUTHORIZATION BY APPROVER REQUIRED FOR ALL REQUESTS

Cardholder Signature: _____ Date: _____
Supervisor (Printed Name): _____ Title: _____
Supervisor Signature: _____ Date: _____

PCARD OFFICE USE ONLY

Processed by: _____ Date: _____
