

	NORTHERN ARIZONA UNIVERSITY Contracts, Purchasing, and Risk Management Services CHANGE REQUEST FORM 928-523-4557	RETURN TO: PCard@nau.edu NAU Box 4124 Revised 4/1/2019
---	---	--

Reconciler (Cardholder) Information		
Reconciler Name:	New Last Name (if applicable):	Employee ID:
University Box or Statewide Address:		City:
E-mail Address:		
Default Speedchart:		Program:

Action Required	
<input type="checkbox"/> Delete/Close Account	Reason:
<input type="checkbox"/> Change Account Information	Reason:
<input type="checkbox"/> One-time Single Purchase Increase* Amount Requested:	Reason:
*Include associated quote and other related documentation	

Request to Change/Increase Reconciler Limits		
Daily Number of Transactions: (if over 25)		Monthly Number of Transactions: (if over 150)
Single Purchase Limit: (if over \$2500)	Daily Purchase Limit: (if over \$50,000)	Monthly Purchase Limit: (if over \$250,000)
Justification for Change:		

Authorization			
Reconciler		Dean, Chair or Director	
Print Name:	Date:	Print Name:	Date:
Signature:		Signature:	
Approver		Purchasing Approval	
Print Name:	Date:	Print Name:	Date:
Signature:		Signature:	
Vice President, Provost or Dean		Signature:	Date:
JFR Approval (Required for increases over \$10,000)			
Print Name:			
Signature:			Date: