

	NORTHERN ARIZONA UNIVERSITY Contracts, Purchasing, and Risk Management Services PCARD CHANGE REQUEST FORM 928-523-4557	RETURN TO: PCard@nau.edu NAU Box 4124 Revised 5/18/2026
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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"/> 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 \$5,000)	Daily Purchase Limit: (if over \$50,000)	Monthly Purchase Limit: (if over \$250,000)
Justification for Change:		

Authorization	
Reconciler	
Print Name:	Date:
Signature:	
Dean, Chair or Director	
Print Name:	Date:
Signature:	
Contracts, Purchasing and Risk Management Approver	
Print Name:	Date:
Signature:	