

**EXHIBIT C**  
**UNIVERSITY OF CINCINNATI**  
**PURCHASING CARD CARDHOLDER ACCOUNT MAINTENANCE REQUEST**

Cardholder Name *(as appears on card)* \_\_\_\_\_ Date \_\_\_\_\_  
Organizational Unit \_\_\_\_\_ Last 4 Digits of Card # \_\_\_\_\_

**TYPE OF REQUEST:**

A. Address Change From \_\_\_\_\_ To \_\_\_\_\_

B. Account Closure (please explain) \_\_\_\_\_

C. Name Change From \_\_\_\_\_ To \_\_\_\_\_

*Will result in cancellation of card and issuance of a new card with updated information.*

D. Credit Limit Change From \_\_\_\_\_ To \_\_\_\_\_

E. Transaction Limit From \_\_\_\_\_ To \_\_\_\_\_

*Per transaction and monthly limits are not to exceed \$2,000 and \$10,000 respectively without a written explanation of the cards intended use.*

F. Unique ID Change (Grant) From \_\_\_\_\_ To \_\_\_\_\_

G. Cost Center Change From \_\_\_\_\_ To \_\_\_\_\_

H. Account Level GL Number Change (GL Account)  
From \_\_\_\_\_ To \_\_\_\_\_

**I. Master Account Code Change:**

From

\_\_\_\_\_  
Fund / Functional Area / Business Area / Internal Order / WBS

To

\_\_\_\_\_  
Fund / Functional Area / Business Area / Internal Order / WBS

**J. Allocator Change (Enter the UC Flex user ID) *Maximum of four allocators per card***

From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

K. Travel: Add ☐ Remove ☐

"

\*Dean, VP, or Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

L. Other (please explain)

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

Cardholder Supervisor/ Authorized Department Approval:

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**\* Dean, VP, or Designee Signature is required when requesting travel to be added to a Purchasing Card.**