BROWN UNIVERSITY MASTERCARD PURCHASING PROGRAM

Application/Change Form

To Request A New Or Change A Purchasing Card Account:	**Select Type of Request**
1. Indicate type of request. 2. For **new accounts** complete all the fields on the form. 3. For **changes to an existing account** – Fill in name and any information to be changed.	New Account ☐ Address Change ☐ Dept/Div Change ☐ Name Change (provide proof of name change) ☐ Credit Line Adjustment ☐ Other _____

All Applicants: All of the below fields must be completed. (For changes to existing accounts, only complete fields to be changed.)

Name: _____ _____ _____
First MI Last

Brown Billing Address: Brown University, Box _____, Providence, RI 02912

Brown Telephone #: _____ **Email Address:** _____

Department Name: _____ **Department Cost Center:** _____

Applicants Supervisor: _____

☐ **Staff** ☐ **Faculty**

Home Phone Number: _____ (May be called by credit card company if problems arise during non-business hours.)

Date of Birth: _____/ _____/ _____ (Used for security ID)
Month Day Year

Workday ID Number: _____ 6 Digits

Select one:

Single Transaction Limit	☐ **$1,000**	☐ **$2,999**	☐ **$2,999**	☐ **$2,999**
Monthly Spending Limit	**$3,000**	**$5,000**	**$15,000**	**$25,000**

Default Driver Worktag for Charges: _____

** If you require a monthly limit over $25,000, contact the Pcard Administrator at* ***pcard-administrator@brown.edu*** *.*

_____	_____	_____
Employee Name (**Print**)	Employee Signature	Date
_____	_____	_____
Authorized Department Signature (**Print**)	Authorized Department Signature	Date
For use with FD500:		
_____	_____	_____
OSP (**Print**)	OSP Signature	Date
For use in Bio-Med:		
_____	_____	_____
Bio-Med (Print)	Bio-Med Signature	Date

Controller's Use Only	Card Group	Access Role	Hierarchy ID

RETURN FORM TO: **pcard-administrator@brown.edu**