WSU Business Procurement Card (BPC) Account Action Change Request Form

(Return to Box 12 for Processing)

Card Holder Name (print)   Email Address

Box #   Bldg. / Room #   Department   Phone #

( __  __  __  __  ) ( __  __  __  ) list last 8 digits of account number (Use separate form for each card)

Select Action Requested:

○ Change BPC Account Coordinator

Previous (print)   MyWSU ID   Phone

New (print)   MyWSU ID   Phone

○ Assign a Back-up BPC Account Coordinator (Requires Budget Officer Signature)

Back-up Person’s Name (print)   MyWSU ID   Phone

○ Change/Assign TEM Delegate

Previous (print)   MyWSU ID   Phone

New (print)   MyWSU ID   Phone

○ Permanently Increase Monthly Limit (Requires Budget Officer Signature)

New Monthly Limit   Effective date

○ Close BPC Account (please mark one)

   ○ Temporarily

   ○ Permanently

Card holder Name (print)   Department Name

Department Head/Dean/Budget Officer Signature:

Printed Name   Signature   Title

Phone   Date

For internal use only:

BPC Administrator   Date Processed