CALIFORNIA STATE UNIVERSITY, MONTEREY BAY

PRO CARD REVISION FORM

SECTION 1 - Cardholder Information

Cardholder Name _____ OTTER ID _____

SECTION 2: Check all that apply:

- ☐ 1. Change in Name
- ☐ 2. Change in Department/Extension
- ☐ 3. Change of Approving Official
- ☐ 4. Change of Default Chartfield Value
- ☐ 5. Change in Single Transaction Limit
- ☐ 6. Change in Cumulative Monthly Limit
- ☐ 7. Change Secondary Approving Official

SECTION 3: Complete only if revision needed (as checked above):

1. _____
   Cardholder Name Change

2. _____ _____
   Department Change Extension

3. _____ _____ _____
   Primary Approving Official Change Effective Date Secondary Approving Official

4. Default Chartfield Value Change:

Fund	Dept ID	Account	Program	Class	Project

5. Change in Single Transaction Limit: $ _____

6. Change in Cumulative Monthly Limit: $ _____

SECTION 4: Signatures/Approvals

Cardholders Signature _____ Date _____

Primary Approving Official Signature (authorizing revisions) _____ Date _____

Previous Approving Official Name:

_____

Print name if no longer an approving official to the Procurement Cardholder.

Please submit to Procurement.

Rev. 02/2022