



This form is used to change a ProCard Cardholders Appropriate Administrator. Please complete all sections and submit to Accounts Payable.

Cardholder Information

Cardholder Name: _____	Department: _____
Cardholder Email: _____	Phone: _____

Approving Official Information

Previous Appropriate Administrator ¹ : _____	
New Appropriate Administrator: _____	Phone: _____
Title: _____	Email Address: _____
Reason for Change: _____	

Authorization

<i>I hereby authorize this change of appropriate administrator and agree to abide by the rules of the San José State University ProCard Program.</i>	
Cardholder Signature: _____	Date: _____
New Appropriate Administrator Signature: _____	Date: _____
AVP, Dean or Senior Manager Signature (if applicable): _____	Date: _____

¹ Appropriate Administrator must be an MPP.