



1505.1.2F UNC-CH Travel & Expense Card

Account Maintenance Form

For all maintenance request, send completed form directly to travelcard@unc.edu.

Accountholder Name: _____ Date: _____

Department: _____ Last Four Digits of Credit Card #:

Type of Request (check all that apply)

a. CANCEL CARD ACCOUNT (a new Accountholder Agreement must be submitted to obtain a new card)

b. CHANGE CREDIT LIMIT(S)
Monthly Credit Limit (\$5,000, \$15,000, or \$25,000) Single Transaction Limit (\$5,000, \$15,000, or \$25,000)
From: \$ _____ To: \$ _____ From: \$ _____ To: \$ _____

c. CHANGE CAMPUS MAILING ADDRESS
From: _____
To: _____

d. OTHER (please specify): _____

Accountholder Signature _____

Bus Mgr./Dept. Head Signature _____