



Travel & Expense Card Account Maintenance Form 1505.1.2f

Instructions: Email this completed form to travelcard@unc.edu. Mark the check box for each type of request; check all that apply.

Date: _____

Accountholder Name: _____
First Name Last Name

Last 4-digits of T&E Card Number:

Cancel Card Account

Permanent Credit Limit Increase(s) *(Select the amounts from the dropdown options.)*

New Monthly Credit Limit: _____

Temporary Limit Increase *(Provide a brief explanation for business purpose of the increase. Then enter the amounts.)*

Justification for Increase:

Anticipated Start Date of Expense: _____

Temporary Monthly Monthly Credit Limit: _____

Anticipated End Date of Expenses: _____

Department Change: Old Department

New Department

Email Change *(For Bank of America Notifications.)* _____

Phone Number Change _____

Billing Address Change

Street Address City State Zip Code

Name Change *(A new card will be created.)* _____
First Name Middle Name/Initial Last Name

Other *(Please specify.)* _____

Accountholder Signature

Date

Business Manager/Department Head First & Last Name

Business Manager/Department Head Signature

Date