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PURCHASING CARD ADMINISTRATOR CHANGE REQUEST

OFFICE OF MANAGEMENT AND BUDGET

FISCAL MANAGEMENT

SFN 59054 (02-2023)

Agency/Entity Name

New Card Administrator Request

Name		Telephone Number	
Address	City	State	ZIP Code
Email Address			
Comments			
Signature of New Card Administrator		Date	
Signature of Supervisor/Fiscal Officer		Date	

Delete Card Administrator Request

Name	Email Address
Comments	
Signature of Supervisor/Fiscal Officer	Date