Johns Hopkins University
Procurement Card Update Form

Department Name ___________________________ Primary Dept Code ___________________________

Cardholder Name (as it appears on front of Procurement Card) ___________________________

Type of Request:

- Account Closure
  Reason: ___________________________
  Note: Card should be destroyed, DO NOT send card with this form.

- Default Account change

- Primary Department Code change

- Mailing Address change

- Name change

- Change Department spending limit

- Suspend Account
  Approximate time period for which account will be suspended: ___________________________

- Re-activate Suspended Account

- Other: ___________________________

Current Information: ___________________________

New Information: ___________________________

Department Administrator ___________________________ Phone ___________________________

Department Administrator’s Signature ___________________________

Mail or Fax Completed Form to:
Procurement Card Administrator
W-600 Wyman Park Bldg.
Fax 410/516.7262

Additional Questions may be directed to 410/516.8383