



UNIVERSITY OF  
**SOUTH CAROLINA**

**Controller's Office  
Program Expense Card  
Update Form**

**CARDHOLDER INFORMATION**

NAME	LAST 4 DIGITS OF CARD
USC ID	USER ID

**Complete sections for applicable changes below and email completed form to Cards@mailbox.sc.edu**

**SECTION I CHANGE IN CHARTFIELDS**

OPERATING UNIT	DEPARTMENT	FUND	CLASS

**SECTION II CHANGE CARD INTENDED USE**

UNIVERSITY PROGRAM USE	GIFT CARDS/INCENTIVES
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**SECTION III UPDATE CARDHOLDER INFORMATION**

PHONE #	MAILING ADDRESS
EMAIL	

**SECTION IV TEMPORARY SUSPENSE STATUS**

REASON
END DATE OF SUSPENSE STATUS

**SECTION V CARD DEACTIVATION**

REASON
_____ CHECK THAT CARD HAS BEEN DESTROYED

**SECTION VI PERMANENT CARD LIMIT CHANGE**

MONTHLY CREDIT LIMIT	JUSTIFICATION
SINGLE TRANSACTION LIMIT	

Sections I - IV require cardholder and/or liaison signature  
Section VI requires cardholder AND department head signatures

CARDHOLDER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

DEPARTMENT HEAD SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_