



Sam Houston State University
A Member of The Texas State University System
Procurement and Business Services

P-Card Name Change Form

Department Name: _____

Last 6 Digits of Card #: _____

Current Name on Card: _____

New Name (max 50 characters): _____

Requested by: _____
(Delegate's Name)

Department Head Approval: _____
Signature

P-Card Administrator Approval: _____
Signature

Any additional instructions:

Delegate's Signature

Instructions:

This form should be completed for any requested P-Card Name Change.