

Card Maintenance Request (CMR)

Instructions: Complete form to request changes to an existing One Card. Route completed form through DocuSign and send to UTSA Credit Card Administration (creditcards@utsa.edu). Maintenance requests are processed within 10 business days. See [One Card](#) financial guideline for details.

Prepared by: _____ Email: _____ Phone/Ext: _____

Name on Card: _____ Department: _____ Dept. ID: _____

Email: _____ College/Admin Area: _____

EMPLID: _____ Default Cost Center: _____ Card # (last 6 digits): _____ Date _____

What do you want to do? Select all that apply.

	Current	New	Temporary?	Reason
Purchase Credit Limit				
Travel Credit Limit				
Single Purchase Limit				
Cost Center/Project				(Dept Mgr Must Sign)
	Effective Date	End Date		Reason
Cancel/Replace Card				
Temporary Status Change				
International Access				
Add/Remove Amazon Business				
		MCC:		Supplier Name:
Add/Remove MCC				

Add/Remove Travel? Monthly Travel Limit:

Add/Remove Purchasing? Single Purchase Limit:* Monthly Credit Limit:*

Add/Remove Special Events for Purchasing? Cost Center Name :

Cost Center/Project** :

Official Occassions Annual Budget:

*The standard single purchase limit is \$5,000 and the standard credit limit is \$10,000. If requesting a higher amount, see [Limits and Restrictions](#), sections of the [One Card financial guideline](#).

**Non-official occasion cost centers will need to be centrally approved. For consideration, please complete the [Addendum for Special Events](#) form and combine with your application after all approvals are in place.

ATTESTATIONS

Cardholder Attestation

I certify that the above requested changes are in accordance with the provisions of the [One Card](#) financial guideline and that the account designated above will provide sufficient funds for all charges made.

Signature & Date: _____

Supervisor Attestation

Supervisor Name: _____ Title: _____

Signature & Date: _____

Post Award Administration Attestation

Name: _____ Title: _____

Signature & Date: _____

Department Manager Attestation

I acknowledge that the Cost Center designated will provide sufficient funds for all charges made by the cardholder and Credit Card Administration will use it to charge any payments that have not been authorized by me prior to the internal deadline so that UTSA will pay Citibank in a prompt manner as required by law. I further acknowledge that the individual assigned the duty of auditing/reconciling the applicable monthly statements is responsible for attaining all back-up documentation.

Dept Mgr Name: _____ Title: _____

Signature & Date: _____

CREDIT CARD ADMINISTRATION OFFICE USE ONLY

Processed by: _____ Date _____ Approved ___ Denied ___

Comments: _____

Special Events Approval

Name: _____ Signature & Date: _____
Asst Vice President Supply Chain/Designee