

**SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS**  
**PURCHASING CARD CHANGE REQUEST**  
(This form is applicable to DDSN Regional Centers only)

Date: \_\_\_\_\_

Division/Department: \_\_\_\_\_

Cardholder Name on Purchasing Card: \_\_\_\_\_  
(Record name as it appears on card)

Purchasing Card Account Number (last four (4) digits only): \_\_\_\_\_

**Type of Request:**

Account Closure

Name Change - Current Information: \_\_\_\_\_

New Information: \_\_\_\_\_

Explanation of Change (i.e., employee termination, name change due to marriage/divorce, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Requestor's Signature

Date: \_\_\_\_\_

**Forward to Regional Finance Director for REVIEW AND approval**

\_\_\_\_\_  
Signature (Regional Finance Directors)

Date: \_\_\_\_\_