



**Controller's Office
Team 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
TeamCard@mailbox.sc.edu

SECTION I CHANGE IN CHARTFIELDS			
OPERATING UNIT	DEPARTMENT	FUND	CLASS

SECTION II UPDATE CARDHOLDER INFORMATION	
PHONE #	MAILING ADDRESS
EMAIL	

SECTION III TEMPORARY SUSPENSE STATUS
REASON
END DATE OF SUSPENSE STATUS

SECTION IV CARD DEACTIVATION
REASON
_____ CHECK THAT CARD HAS BEEN DESTROYED

SECTION V PERMANENT CARD LIMIT CHANGE	
MONTHLY CREDIT LIMIT	JUSTIFICATION
SINGLE TRANSACTION LIMIT	
CASH ADVANCE _____ ALLOW CASH _____ DO NOT ALLOW CASH	

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

CARDHOLDER SIGNATURE: _____
LIAISON SIGNATURE: _____
DEPARTMENT HEAD SIGNATURE: _____

DATE: _____
DATE: _____
DATE: _____