

STATE OF NEBRASKA PURCHASING CARD REQUEST

TO ADD NEW ACCOUNT:

1. Indicate "New Account" under Type of Request.
2. Complete all fields on the form.

TO CHANGE INFORMATION ON AN EXISTING ACCOUNT:

1. Indicate Type of Request.
2. Last 4 digits of card account number _____
3. Current name on card: _____

Name

4. Complete only the fields to be changed in the Card Information section.

TYPE OF REQUEST:

A. New Account:

Type of card: Individual Agency Travel Automotive

B. Address Change C. Name Change D. Account Closure

CARD INFORMATION

Name - 26 characters maximum
(Embossed on card)

NIS Address Book Number (used for identification purposes in place of SSN)

Address Line 1 - 26 characters maximum

Address Line 2 - 26 characters maximum

City - 18 characters maximum

State Zip + 4

Business Phone Home Phone (optional)

Default Business Unit

Agency Reporting Hierarchy (optional)

AUTHORIZATION

Agency name

Employee Signature

Agency Coordinator Signature

Date

Date

Plan Administrator Signature (State Accounting)

Date

For Accounting Division only: object 539500 set up VIMS default set up