



Card Program Usage Change Form

Disbursements Office

CARD INFORMATION

Please email this form to Disbursements@ferris.edu or fax to x3902

SECTION A (Required)

Name as it currently appears on card: _____

Last four digits of card number: _____

SECTION B (MCC Information)

MCCs (Merchant Category Codes) are designed to allow or prevent certain purchases and vendors. Below please fill out any changes that need to be made to your card.

MCC Code	Add	Remove
T&E (Travel)		
General Purchases (Commodities)		
Physical Plant (M&R)		
Motor Pool		
Medical		
Legal/Tax		

Business Purpose: Please describe what purchases need to be added or removed. The explanation provided will allow us to determine if your requested change can be made:

* This MCC change will be permanent unless noted otherwise.

* Please allow 2-3 business days for processing

SECTION C (Signatures & Approvals)

Requestor: _____ Date: _____

Account Manager/Dean Approval (Please Print): _____

Account Manager/Dean Approval: _____ Date: _____

For Disbursements use only

Disbursements Approval _____

Works _____

Email _____

Date _____