

PURCHASING CARD ACCOUNT MAINTENANCE REQUEST

Date of request: _____

Cardholder Name: _____ Phone: _____

Department: _____ Email: _____

TYPE OF REQUEST

- Cancel card (Please check reason)
 - Employee separated employment
 - Employee switched departments
 - Employee no longer needs card
 - Employee terminated
 - Retirement
 - Other _____

This area for Procurement & Supply use only.

- Changed/CNCL in Bank's System
- Changed/CNCL in PCMS
- Changed/Removed from listserv
- Changed/Removed from Ind. Reviewer List
- Added Cancellation Justification
- Change in database – Account List
- Change in database – Ind. Reviewer
- Date Completed _____
- Scanned/Changed in Optix

Default Account Change _____

Monthly Credit Limit Change* _____

For temporary increase, please forward new account maintenance form when reduction is desired.

Single Purchase Limit Change* _____

Department Change **

Cardholder Name Change _____

Campus Address Change _____

Address Change Line 2 _____

Phone Number Change _____

* Requires approval of Department Head (no designees).

**Will result in cancellation of card. A new cardholder agreement form must be submitted.

Cardholder Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

(No Designees)

Once completed, send this request to the Delegated Procurement Team, Department of Procurement and Supply, 2113R Chesapeake Building, or fax to (301) 314-1352.

Date processed _____ Initials _____
 Date edited _____ Initials _____