

P-card Change/Cancellation Form

Cardholder name: _____ Department name: _____

Last 4 digits on PCard or Employee ID #: _____

Please check the appropriate box for item requiring a change and provide the requested information:

1 Cardholder name change to: _____

2 Department (Secondary) name change to: _____

3 Default account number change to: _____ Fund _____ Unit _____

4 Change to permanent spending limits - Choose a new limit from the options listed below:

Pcard:

Default Option:

\$ 1,000 Single Purchase; \$ 5,000 Monthly

Select your own limits *

\$ _____ Monthly

Other Options:

\$ 2,000 Single Purchase; \$ 10,000 Monthly

\$ _____ Single Purchase

\$ 2,500 Single Purchase; \$ 15,000 Monthly

* Higher limits are subject to Business Office approval

Add Transportation Privileges

5 Close/cancel card or place card on temporary hold

Cancel or close card

Place card on temporary hold

Reason:

Example: Resignation, Retirement, Termination, Medical Leave, etc.

6 Request a Replacement Plastic Reason: _____

Name Change, Department Change, damaged card, etc

7 Signatures

Cardholder Signature: _____ Date: _____

Budget Unit Manager Signature: _____ Date: _____

Pcard Admin Use Only

Approved Denied Reason: _____

Program Administrator Signature _____