

P-Card Account Maintenance Form

Effective Date of Change: _____ Last 4 Digits of P-Card Account: _____

Name on Card: _____ Email: _____

Indicate below **ONLY** the change(s) requested for the P-Card account.

- ☐ **Temporarily Deactivate Card** Effective Date: _____
- ☐ **Reinstate Deactivated Card** Effective Date: _____
- ☐ **Cancel Card Permanently** Effective Date: _____
- Reason for Cancellation (i.e. employee resignation): _____
- ☐ **Issue Replacement Card**
- Reason for Replacement Card (i.e. damaged card): _____

New Default Allocation Codes:

Fund: _____	Function: _____	Organization: _____	Program: _____	Object: _____
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Name Change: (Please Print)

Current Name as Shown on Card: _____

Change Name to: _____

Reconciler or Approver Change:

Please Print – The “Reconciler” is the person who initially allocates the transactions & uploads receipts in Works. The “Approver” is the Director/Principal who is responsible for final review & approval of all transactions. If only one of the following is to be changed, please fill in the information for **ONLY** the change. I.E. to change only the Reconciler, give current Reconciler and new Reconciler only.

Current Reconciler: _____ Email: _____

New Reconciler: _____ Email: _____

Current Approver: _____ Email: _____

New Approver: _____ Email: _____

Permanent Spending Limit Changes:

Current Transaction Limit: _____ New Transaction Limit: _____

Current Monthly Limit: _____ New Monthly Limit: _____

Signatures: I authorize the above changes to be made to this P-Card account.

Account Holder: _____ Date: _____

Director/Principal: _____ Date: _____

Program Administrator: _____ Date: _____

Complete, sign, & return to the Program Administrator in Procurement & Property Management.