



P-Card Maintenance Form

Please fill out the form, sign and then click on the submit button.

Campus / Department Card

Individual Card

Date: _____

Campus /Department: _____

Campus/Department #: _____

Name as it appears on card: _____

Last 4 digits of card #: _____

Request Type:

Cancel Card – Card holder will ensure that all charge receipts are error free and have been turned in to their department up to date of the last transaction.

Reason for cancellation: _____

Single Transaction Limit Change:

Monthly Credit Limit Change:

Replacement Credit Card (Damaged Card)

Replacement Credit Card (Lost or Stolen) - Please be sure to report card lost/stolen to Bank of America as soon as possible. For assistance please contact P-Card Administrator.

Other (Please Specify): _____

Current	Requested	Permanent or Temporary	Date of return if temporary

Requestor's Signature

Date

Supervisor/Director's Signature

Date

Purchasing Department Use Only:

Approved

Denied

Comments if Denied: _____

Additional Notes:

P-card Administrator's Signature

Date