

**NORTH CAROLINA A&T STATE UNIVERSITY
PROCUREMENT CARD MAINTENANCE REQUEST FORM**

Division/Department Name _____ Date of Request _____

Cardholder Name _____ P-Card Number (last four digits): _____

Proxy Name _____

Requested Change:

Department Change: From _____ To _____

Address Change: To _____
Street or Building City State Zip Code

Revoke Card Reason _____

Suspend Card Reason: From _____ To _____

Reactivate Account: Start Date _____

Name Change: From _____ To _____

Monthly Transaction Limit: From \$ _____ To \$ _____

Accounting Codes: Delete _____ Add _____

Additional Comments on Request

Cardholder Signature _____ Date _____

Approver Name _____ Signature _____ Date _____

Department Head Name _____ Signature _____ Date _____

If Required:

Dean/Vice Chancellor Name _____

Dean/Vice Chancellor Signature _____ Date _____

PROCUREMENT DEPARTMENT USE ONLY:

Procurement Card Program Administrator/Manager

(Signature)

Change Approved: Yes No / Date _____

If not, provide reason:

