



NORTH CAROLINA AGRICULTURAL  
AND TECHNICAL STATE UNIVERSITY

# Procurement Services PCard Maintenance Request

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**Instructions:** Please complete the required fields and submit the signed form to the PCard Administrator at [pcard@ncat.edu](mailto:pcard@ncat.edu).

**Division/Department:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Cardholder Name:** \_\_\_\_\_ **PCard Number:** \_\_\_\_\_  
(last four digits)

**Requested Change:**

- Department Change:

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

- Revoke Card:

**Reason:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

- Suspend Card:

**Reason:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

- Reactivate Account:

**Restart Date:** \_\_\_\_\_

- Name Change:

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

- Monthly Credit Limit/STL (increase/decrease):

**From: \$** \_\_\_\_\_ **To: \$** \_\_\_\_\_

- Effective Dates for Change:

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

- Fund Codes (INCLUDE FULL FOAP)

**Delete:** \_\_\_\_\_ **Add:** \_\_\_\_\_

**Delete:** \_\_\_\_\_ **Add:** \_\_\_\_\_

**Delete:** \_\_\_\_\_ **Add:** \_\_\_\_\_

**Delete:** \_\_\_\_\_ **Add:** \_\_\_\_\_

**Additional Comments on Request:**

**Cardholder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approver Name:** \_\_\_\_\_ **Approver Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dept Head Name:** \_\_\_\_\_ **Dept Head Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_