

PURCHASING CARD ACCOUNT MAINTENANCE FORM

Date of Request: _____ Card Last 6 Digits # _____
 Department: _____ Phone: _____
 Index Code: _____ Email: _____

TYPE OF REQUEST

- Cancel Card (Please check reason)
- Budget Authority separated employment **
 - Budget Authority switched departments **
 - Department no longer needs card *
 - Fraud/Misuse *
 - Other _____
- Reason: _____

This area for PCARD Team use only.

Account # (last 6 digits): _____

- Changed in US Bank's System _____
- Changed in Banner Pcard Module _____
- Changed/Removed from listserv _____
- Changed/Removed from Master Spreadsheet _____
- Temporary Hold _____
- Reactivated _____
- Date Completed _____

Default Index Code Change * _____

- Monthly Credit Limit Change *
- Will this be permanent increase? _____ YES _____ NO
 - Increase limit by: \$ _____
 - Increase Time Period: FROM (mm/dd/yy) _____ TO (mm/dd/yy) _____
 - Business Reason: _____

- Single Purchase Limit Increase * (*Itemized receipt necessary for Fixed Asset purposes*)
- Increase limit by: \$ _____
 - Increase Time Period: FROM (mm/dd/yy) _____ TO (mm/dd/yy) _____
 - Business Reason: _____

- Card Name Change * _____
- Campus Address Change * _____
- Request Replacement Card Due to Damaged Plastic or Magnetic Strip *

* Requires approval of Budget Authority (no designees).
 **Will result in cancellation of card. A new cardholder agreement form must be submitted.

Budget Authority Signature: _____ Date: _____
 (No Designees)

 Print Name and Title - REQUIRED

Once completed, send this request to pcard@pdx.edu, or via campus mail FAST-CAS or fax 503-725-3400.

Date processed _____	Initials _____
Date edited _____	Initials _____