

## Purchasing Card (Pcard) Account Maintenance Request

 Cardholder Name: 

 Department: 

 Last 4 digits of Pcard: 
**Type of Change Request (check all that apply):**

<input type="checkbox"/>	Cancel card (a)
<input type="checkbox"/>	Default Account Code
<input type="checkbox"/>	Department (a) (c)
<input type="checkbox"/>	Monthly Transaction Limit
<input type="checkbox"/>	Single Transaction Limit
<input type="checkbox"/>	Campus Address

<input type="checkbox"/>	Cardholder Name (a) (c)
<input type="checkbox"/>	Phone Number
<input type="checkbox"/>	Site Coordinator (b)
<input type="checkbox"/>	Department Head/Manager/Dean/Director (b)
<input type="checkbox"/>	Other

- (a) Involves cancellation of card. Card must be cut-up and returned to the Purchasing Card Administrator. The Cardholder is responsible for completion and submission of outstanding reconciliation statements and required backup or assign access to the pertinent information to an individual to complete in their absence.
- (b) Involves signatures, new Cardholder Agreement is required to update.
- (c) New Cardholder and VISA application forms are required for Department or Name Changes. A new card will be issued.

**Please provide an explanation of request:**

Authorized Approval:

 \_\_\_\_\_  
 Print Name

 \_\_\_\_\_  
 Position/Title

 \_\_\_\_\_  
 Signature

 \_\_\_\_\_  
 Date

Return completed request to:

**ATTN: PURCHASING CARD ADMINISTRATOR - PROCUREMENT SERVICES DEPARTMENT** (email to: [procurement@stfx.ca](mailto:procurement@stfx.ca))

This section for Purchasing Card Administrator

Date Completed: \_\_\_\_\_

 Notes: \_\_\_\_\_  
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