



Purchase Card Maintenance Form

Cardholder Name:

Credit Card Number:

Select all applicable changes/updates:

DEPARTMENT/ ADDRESS CHANGES	New Department:	
	Residential Address: <small>(Unit #) (Street Line) (City) (Province) (Postal Code)</small>	
	Telephone:	
	Supervisor:	
DEFAULT ORG CODE CHANGE	New Org Code:	
PCARD COORDINATOR <small>(PERSON RECONCILING TRANSACTIONS)</small>	Remove	Name:
		Title:
	Add	Name:
		Title:
	Change to	Name:
		Title:
CANCEL CARD	Effective Date:	
	Reason:	
	Have You Destroyed the Card? Yes No (Card Attached)	
SUSPEND/ REACTIVATE CARD	Suspend	Date:
		Reason:
	Reactivate	Date:
		Reason:
PERMISSION/ INCREASE REQUESTS	Monthly Limit: \$1,000 Monthly Limit \$5,000 Monthly Limit \$15,000 Limit \$2,500 Monthly Limit \$10,000 Monthly Limit Other: _____	
	Reason: <i>*(A request to increase a PCard credit limit will require approval from the Director of Financial Operations.)</i>	

Cardholder Name:

Title:

Cardholder Signature:

Date:

Supervisor Name:

Title:

Supervisor Signature:

Date: