

PURCHASE CARD ACCOUNT CHANGE REQUEST FORM

For Office Use Only
PCS:
NBS:
PNet:

Instructions: Please indicate the account change(s) being requested for processing and email the signed form to creditcard@od.nih.gov or fax to 301- 402-2145. **Please enter only one name per request.**

IC: Choose an item.	Name: _____	Cardholder <input type="checkbox"/> CAO <input type="checkbox"/>
	Series/Grade (i.e. 1102/9): _____	Account Number (Last 4 digits): _____

**Please select all that apply*

Account Status		Reason	
<input type="checkbox"/>	Cancellation *Attach NBS Pcard User/Approver access form (Word.doc) to remove access in NBS	<input type="checkbox"/> Card or Approval Authority <input type="checkbox"/> Check writing Authority	<input type="checkbox"/> Left NIH <input type="checkbox"/> Transferred IC (list IC) <input type="checkbox"/> Authority no longer required <input type="checkbox"/> Misuse (Attach explanation)
<input type="checkbox"/>	Suspension	Suspension Start Date: Suspension End Date:	<input type="checkbox"/> Absence/ Extended Leave <input type="checkbox"/> Other (Attach explanation):
<input type="checkbox"/>	Proxy Request Note: A proxy is a CH or CAO temporarily assigned to act during the reconciliation period on behalf of an individual who is on extended leave or has left NIH. The individual assuming the role of proxy may be suspended if they fail to reconcile on behalf of the original cardholder or CAO by the required deadline.	<input type="checkbox"/> CH Proxy: <input type="checkbox"/> CAO Proxy: Proxy Start Date: *Contact the purchase card office once the CH/CAO proxy should be reversed/removed	<input type="checkbox"/> Absence/ Extended Leave <input type="checkbox"/> Pending NBS Reconciliation (i.e. unreconciled charges or credits, open dispute, open p-card logs) <input type="checkbox"/> Other (Attach explanation):
		Current	New
<input type="checkbox"/>	Address/ Phone Number		
<input type="checkbox"/>	CAO Change Note: CAOs must be an equivalent of higher grade level and acquisition authority than the cardholder under their purview	Name: Series/Grade (i.e. 1102/9):	Name: Series/Grade (i.e. 1102/9):
<input type="checkbox"/>	Default Project/CAN and/or Expenditure Type/OC Code		

<input type="checkbox"/>	Purchase Card Limit (Increase/Decrease): <input type="checkbox"/> Single Purchase Limit *attach warrant certificate and justification <input type="checkbox"/> Monthly Limit		
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IC Purchase Card Coordinator name (Please print)

IC Purchase Card Coordinator signature

(Date)