

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 (business reason required) _____ 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.