

**APPALACHIAN STATE UNIVERSITY**  
**P-CARD MAINTENANCE & CANCELLATION FORM**

**INSTRUCTIONS:** To cancel or change Cardholder information on an existing Purchasing Card, complete this form and mail to the P-Card Office in Purchasing.

**Department Name:** \_\_\_\_\_ **CH Name:** \_\_\_\_\_

**Department Group Name:** \_\_\_\_\_

(Can Be Found on the top of the Banner Reconciliation Report)

**Last 4 Digits of Card:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

**CARD CANCELLATION**

(CUT THE CARD INTO 2-3 PIECES AND RETURN TO THE P-CARD ADMINISTRATOR WITH FORM)

**STATE DATE WHEN CARD WAS LAST USED, TRANSACTION AMOUNT & VENDOR NAME:**

Date of last AUTHORIZED Card transaction: \_\_\_\_\_

**REASON FOR CANCELLATION:**

CH Resigned/Terminated/Retired;    No Longer Required;    Lost;    Stolen;    Compromised

If LOST or STOLEN, list date card was stolen or discovered missing: \_\_\_\_\_

Location where loss occurred: \_\_\_\_\_

If stolen, was a police report filed? ☐ NO ☐ YES (If yes, please forward a copy for the file)

**MAINTENANCE REQUEST** (ATTACH ADDITIONAL SHEET OF EXPLANATION IF NEEDED)

**NOTE:** University policy sets the maximum Single Transaction Limit at \$5,000 and Cycle Limit at \$15,000. No increases of the STL are allowed. Purchases greater than \$4,999.99 must go through the Bid Process.

*Submit written justification to request an increase in the Cycle Limit.*

Change Cycle Spending Limit      From: \_\_\_\_\_ To: \_\_\_\_\_

Explanation: \_\_\_\_\_

Change Cardholder Name      From: \_\_\_\_\_ To: \_\_\_\_\_

Change Department Name      From: \_\_\_\_\_ To: \_\_\_\_\_

Change Campus 911 Address      From: \_\_\_\_\_ To: \_\_\_\_\_

Change Email Address      From: \_\_\_\_\_ To: \_\_\_\_\_

Change Campus Phone #      From: \_\_\_\_\_ To: \_\_\_\_\_

ADD / REMOVE Fund/Org      From: \_\_\_\_\_ To: \_\_\_\_\_

ADD LODGING \*\*To Allow for payment of lodging at time of checkout. ASU Policy does not allow for pre-payments, therefore card can not be used if payment is required to reserve room(s).

\*\*\*Reconciler Changes: Please use the Reconciler Application\*\*\*

\*\*\*Approver Changes: Please use the Approver Application\*\*\*

**CARDHOLDER SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RECONCILER SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RECONCILER NAME (PRINT):** \_\_\_\_\_

**APPROVER SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPROVER NAME (PRINT):** \_\_\_\_\_

**PLEASE NOTE:** Due to the State of NC order to Shelter in Place effective 03/30/2020 (COVID-19), electronic copy of form is temporarily being accepted for processing changes.