

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: Changes cannot be made until Original Document is received in the P-Card Office
(No FAX's or E-Mails Please)