

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

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**INSTRUCTIONS:** To cancel or change Cardholder information on the existing Purchasing Card, complete this form and mail or fax to 828-262-2510 ASU Materials Management Department.

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

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

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**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:

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: \_\_\_\_\_

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

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

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

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

**NOTE:** *University policy sets the maximum Single Transaction Limit at \$1,500 and Cycle Limit at \$5,000. Written justification must be submitted and approved for any amount exceeding these limits.*

Change Single Transaction Limit      From: \_\_\_\_\_ To: \_\_\_\_\_

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

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

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

Change Reconciler      From: \_\_\_\_\_ To: \_\_\_\_\_

Change Approver      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

Other: \_\_\_\_\_

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

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

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

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

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