APPALACHIAN STATE UNIVERSITY
P-CARD MAINTENANCE & CANCELLATION FORM

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.

Department Name: ____________________ CH Name: ____________________

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:
______________________________________________________________________________________________________

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)

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 Mail Address From: _______________ To: _______________
__ Change Campus Phone # From: _______________ To: _______________
__ ADD / REMOVE Fund/Org From: _______________ To: _______________

__ Other: _________________________________________________________________________

CARDHOLDER SIGNATURE: ____________________ Date: _______________

RECONCILE SIGNATURE: ____________________ Date: _______________

RECONCILER NAME (PRINT): ____________________

APPROVER SIGNATURE: ____________________ Date: _______________

APPROVER NAME (PRINT): ____________________