

**UNIVERSITY OF MARYLAND, BALTIMORE
PURCHASING CARD ACCOUNT MAINTENANCE REQUEST FORM**

Section 1: Cardholder Information

Date of Request: _____

Cardholder Name/Employee ID#: _____

Card Number (Last 8 Digits): _____

Phone: _____

Email: _____

Department: _____

Section 2: Type of Request

- Cancel card (Please check reason)
- Employee separated employment
- Employee switched departments
- Employee no longer needs card
- Employee terminated
- Other: _____

Change Default Chart String: _____

Change Department*: _____

Change Monthly Credit Limit**: _____

Change Single Purchase Limit**: _____

Change Cardholder Name: _____

Change Campus Address: _____

Change Phone Number: _____

Change Email Address: _____

Change Authorized Reviewer **(Requires submittal of Authorized Reviewer Form with this form)**

Delete Delegate: _____
Name EmpID

Add Delegate: **(Requires submittal of Delegate Form with this form)**

* Will result in cancellation of Card. A new cardholder agreement form must be submitted.

**Requires approval of Department Head/Department Administrator.

Cardholder Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

When completed, send this request to Strategic Sourcing and Acquisition Services or fax to 6-8577