



Appendix G

REQUEST TO AMEND OR CANCEL P-CARD

Request Date: _____

Cardholder's Full Name/Title: _____

Amend Cardholder's Phone: **From:** _____ **To:** _____

Amend Cardholder's Dept. Name: **From:** _____ **To:** _____

Amend Purchase Limit **From:** _____ **To:** _____

Amend Default Account **From:** _____ **To:** _____

Amend Profile: **From:** _____ **To:** _____

Amend Name of Cardholder's Designee (Alternate):

From: _____ **Phone#:** _____

To: _____ **Phone#:** _____ **Effective Date:** _____

Amend Name of Cardholder's Approving Manager:

From: _____ **Phone#:** _____

To: _____ **Phone#:** _____ **Effective Date:** _____

CANCEL AND CLOSE THE ACCOUNT FOR THE ABOVE REFERENCED U.S. BANK CAL-CARD CARDHOLDER. (attach card to the request form and forward to Program Administrator for action)

Reason for Request:

Employee Transferred to another Department

Employee Terminated/Resigned

Other: _____

Signatures

Department Dean/Director Approval: _____ Date: _____

President/Division Vice President: _____ Date: _____

Vice President, Administrative Services: _____ Date: _____

Forward completed form to Purchasing Department, Attn: Program Administrator

For Fiscal Services Use Only: (When completed return to Purchasing)

Division No. _____ Dept. No. _____ Default Account Review _____ (Initial) _____ (Date)