



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)