

**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**)

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

_____ Delete Reallocator or Viewer: _____

Name

EmpID

_____ Add Reallocator or Viewer: (**Requires submittal of Reallocator/Viewer 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