



State Procurement Card Program Account Maintenance Request

Directions

1. Complete and print pages 1 and 2.
2. Email scanned copy of the completed form to ubs-statepcard@buffalo.edu.

Request Information

Date of request: _____
Cardholder name: _____ **Phone:** _____
Last 6 digits of credit card #: _____
Department: _____ **Email:** _____

Type of Request

Cancel Card (check box, and circle appropriate reason, return cut up card to Procurement Card Administration)
 Employee terminated/separated/retired/no longer need card, switched department
 Other _____
 Change Default Account Number (state acct. numbers only) _____
 Tie In Additional Accounts(s) to PCard Access (state acct. numbers only) _____
 Change Single Purchase Limit to \$4,999 Single Purchase Limit other than \$4,999 \$ _____
 Monthly Credit Limit Change (default is \$25,000 if not specified) \$ _____
 Change currently listed supervisor/approver of cardholder to the below:
 Fill in new name of supervisor/approver:
Print Name: _____

Reminder: Monthly review and approval of all cardholder transactions must take place by assigned departmental personnel (preferably a supervisor). Unless otherwise specified, this will be assigned to the supervisor listed on this form or previous authorization form. The reviewer will sign the hard copy of the monthly statement printed by the cardholder. In accordance with the Internal Control Responsibilities of State Agencies, all transactions must be reviewed and approved for proper expenditure. If the reviewer does not agree with the monthly statement, the cardholder should be asked to verify the documents and explain the reason for any discrepancy. Supervisors must inform the Program Administrator of any transfer or termination of a cardholder or the transfer or termination of the designated reviewer. All original documentation must be retained for a minimum period of six (6) years plus the current year.

Cardholder Signature: _____ **Date:** _____

Print Supervisor information below if different from the Department Head:

Supervisor Name: _____ **Date:** _____
Supervisor Signature: _____ **Date:** _____

If the above supervisor does not have signatory authority, include the below additional information:

Department Head Name: _____
Department Head Signature: _____ **Date:** _____
Procurement Card Program Administrator Signature: _____

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PCard Admin use only: _____ Date Comp _____ Update in Bank's System _____ Update in Master List _____ Confirmation sent _____