

University at Buffalo  
New York State Procurement Card Program  
Account Maintenance Request

- |  |
|--|
| PCard Admin use only. Date Comp _____                    |
| <input type="checkbox"/> Update in Bank's System         |
| <input type="checkbox"/> Update in AEPC                  |
| <input type="checkbox"/> Update cardholder listserv      |
| <input type="checkbox"/> Update Reviewer listserv        |
| <input type="checkbox"/> Change in database – Cardholder |
| <input type="checkbox"/> Change in database – Reviewer   |
| <input type="checkbox"/> Confirmation sent               |

**Mail or fax completed form to:**

Procurement Card Administration  
Procurement Services  
224 Crofts Hall,  
Buffalo, NY 14260  
Tel: (716) 645-2676 Fax: (716) 645-2687

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 \$50,000 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: \_\_\_\_\_