

BIRDVILLE ISD P-CARD MAINTENANCE FORM

Cardholder's Name: _____

Department: _____ Last four digits of card number: _____

REQUEST TYPE:

Cancel Card – Card Holder will ensure that all charge receipts are error free and have been turned in to their department up to the date of the last transaction.

Reason for cancelation: _____.

Current

Requested

Single Transaction Limit Change _____

Monthly Transaction Limit Change _____

Other (Specify) _____

APPROVAL:

Cardholder Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Purchasing Use Only:

Canceled Card

Scanned to Credit Card File

Additional Notes:

P-Card Administrator Signature: _____ Date: _____