UMBC
AN HONORS UNIVERSITY IN MARYLAND

CARDHOLDER INFORMATION

Cardholder Name: _____ Department: _____

Cardholder Email: _____ VISA Card # (last 5 digits): _____

Telephone #: _____ Default Chart String: _____

Building: _____ Room #: _____

(Separate form must be filled out for each card.)

A. P-Card Basic Card Changes   (***Write all changes next to type of request*.**)

Cancel Card: _____	Cardholder Name Change****: _____
Default Chart String # Change to:** _____	Campus Address Change: _____
Department Change*:_____	Phone Number Change:_____
Monthly Transaction Limit Change to**:_____ Time period change needed for _____	Supervisor Change**:_____
Single Transaction Limit Change to (NTE $5,000)**:_____	Extended Leave: (i.e. Not conducting University Business)*** From:_____ To:_____

*   Will result in cancellation of card.
**   Requires approval of Department Head (no designees).
***   Temporary closing/suspension of card required if more than one month period.
**** Requires documentation.

Comments:_____

B. PeopleSoft P-Card Proxy (Approval/Allocation/Reallocation) **Changes**
   (Separate form must be submitted for each card)

   1. **Change** as Proxy for this card from: (Name)_____
       To:_____ Email: Chart String:_____

       This Proxy will have (check one):
       _____View Only Access
       _____Reviewing/Approving Charges
       _____Approve/Allocate/Reallocate Charges

11/01/2014

2. **Add** as Proxy for this card: (Name)_____
   Email:_____ Chart String:_____

   This Proxy will have (check one):
   _____View Only Access
   _____Reviewing/Approving Charges
   _____Approve/Allocate/Reallocate Charges

3. **Remove** as Proxy for this card: (Name)_____
   Email:_____Chart String:_____

Cardholder Signature: _____ Date: _____

Department Head: _____ Signature: _____ Date: _____
   (**No Designees**)   (print name)

Once completed, forward this request to Mallela Ralliford, Department of Procurement, Rm. 730 Administration Building

_____

(This area for Procurement only)

Date Entered/Changed:_____ By:_____