



Procurement Card Maintenance Request Form

Complete and send the form to Procurement Services via fax 6995 or email to pcard@nku.edu

Cardholder Name: _____ Card Last 4 Digits: _____

Department: _____ Email: _____

Phone: _____ Date of Request: _____

TYPE OF REQUEST:

Name Change:	Reconciler Change:	Approver Change:
Credit Limit:	Cancel PCARD:	Other:

Name Change

Current Name _____
New Name _____

Reconciler Change

Current Reconciler _____
New Reconciler _____
NKU Email _____

Approver Change

Current Approver _____
New Approver _____
NKU Email _____

Credit Limit Change - Requires Justification Temporary: Permanent:

Monthly Credit Limit: _____ Single Transaction Limit: _____
Temporary Dates: _____

Cardholder Signature: _____	Date: _____
Supervisor Signature: _____	Date: _____
Program System Administrator: _____	Date: _____