



University of Toledo  
 Accounts Payable Department  
 2801 W Bancroft - MS 451  
 Toledo OH 43606

## Purchasing Card Maintenance Form

**PURPOSE: To generate changes for current cardholders.**

As the Cardholder and/or Reporting Authority, I hereby request the following changes be made by the program administrator and that a purchasing card be issued and/or replaced as indicated. I further agree to destroy such cards that require cancellation and forward to the Pcard Administrator located in the Accounts Payable Dept.

**Cardholder Name:** \_\_\_\_\_

**Name Change**  
 Card holder name as it appears: \_\_\_\_\_ Card holder name as it **should** appear: \_\_\_\_\_  
 \_\_\_\_\_  
 Last four digits of card number: \_\_\_\_\_

**Cancellation of Card**  
 Lost      Stolen      Damaged      No longer with the University of Toledo

Date last seen (mm/dd/yy): \_\_\_\_\_ Last four digit of card number \_\_\_\_\_

Card in possession?    Yes                  No                  If in possession, please return upon pickup of new purchasing card.

**The below changes requires Reporting Authority approval:**

**Permanent Limit Change**  
 Reason for change: \_\_\_\_\_

Monthly transaction limit:	From Amount	To Amount	
Increase	_____	_____	
Decrease	_____	_____	
Single transaction limit:	From Amount	To Amount	
Increase	_____	_____	
Decrease	_____	_____	

**Temporary Limit Change**  
 Reason for change: \_\_\_\_\_

Monthly transaction limit:	From Amount	To Amount	
Increase	_____	_____	
Decrease	_____	_____	
Single Transaction limit:	From Amount	To Amount	
Increase	_____	_____	
Decrease	_____	_____	

Effective Date From: \_\_\_\_\_ To: \_\_\_\_\_

**Default Index Number change:**  
 Current Index default # \_\_\_\_\_ New Index default # \_\_\_\_\_

Reporting Authority (print name): \_\_\_\_\_ Reporting Authority Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_