

BOISE STATE UNIVERSITY P-CARD ACCOUNT MAINTENANCE REQUEST

Use this form to request changes to existing p-card accounts including account closure.

Form directions: Complete the top portion and provide signature by department approver and/or manager. Signature from cardholder is not required. Please forward completed form to pcard@boisestate.edu. Original form is retained by department.

1. Complete *Section 1* to change account limits temporarily or permanently
2. Complete *Section 2* to request card replacement due to damage or name change only.
3. Complete *Section 3* to request account closure

Department Name:		Date:	
Cardholder Name:		Account last 4 digits:	
1. CHANGE P-CARD ACCOUNT LIMITS			
Select a temporary or permanent per transaction and monthly limit from options below. If this a temporary limit increase, Please specify reset date:			
Standard Limit	\$1,999 Maximum Per Transaction	\$10,000 Maximum Monthly Spend	
Standard Limit Plus	\$2,999 Maximum Per transaction	\$20,000 Maximum Monthly Spend	
Custom Limit	Maximum Per transaction	Maximum Monthly Spend	
Provide a brief explanation for custom limit:			
Provide detail below if this is a temporary increase for a one-time payment exceeding \$1,999 or from a blocked merchant:			
Specify Exact Amount Of Purchase			
Vendor Name and Address:			
Description Of Planned Purchase:			
2. CARD REPLACEMENT (due to damage or name change only) Report lost or stolen card to Bank of America 1(800)-300-3084			
Replacement Due To Damage		Name Change To:	
3. ACCOUNT CLOSURE REQUEST			
Close account due to:		Separation	Transfer
Account No Longer Necessary			
<i>Optional: Cardholder may opt to complete section below to request account closure (signature from cardholder is <u>not</u> required for account closure)</i>			
DATE OF LAST TRANSACTION:		VENDOR NAME:	AMOUNT:
CARDHOLDER SIGNATURE:			
DEPARTMENT SIGNATURES			
P-Card Approver Signature		Printed Name:	
Manager Signature		Printed Name:	
PLEASE FORWARD COMPLETED FORM TO PCARD@BOISESTATE.EDU		ORIGINAL FORM IS RETAINED BY DEPARTMENT	
SECTION BELOW IS FOR INTERNAL OFFICE USE:			
DATE REQUEST COMPLETED		NOTES:	PROCESSED BY P-CARD TEAM MEMBER: