

**BOISE STATE UNIVERSITY
P-CARD ACCOUNT MAINTENANCE REQUEST**

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

P-CARD ACCOUNT MAINTENANCE REQUEST- CARDHOLDER INFORMATION

DEPARTMENT NAME:	DATE:
CARDHOLDER NAME:	LAST 4 DIGITS OF P-CARD:

CHECK THE APPROPRIATE BOX BELOW AND PROVIDE REQUIRED MAINTENANCE INFORMATION

1. CHANGE ACCOUNT LIMITS (LIMIT EXCEEDING UNIVERSITY STANDARD LIMIT REQUIRES A WRITTEN EXPLANATION FROM THE DEPARTMENT)

UNIVERSITY STANDARD LIMIT	<input type="checkbox"/> \$1,999 MAXIMUM PER TRANSACTION	<input type="checkbox"/> \$10,000 MAXIMUM MONTHLY SPEND
SELECT PER TRANSACTION AND MONTHLY LIMIT FROM OPTIONS BELOW- USE CUSTOM LIMIT IF LIMIT ABOVE MAXIMUM IS REQUIRED-		<input type="checkbox"/> CHECK BOX IF THIS A TEMPORARY LIMIT INCREASE REQUEST AND SPECIFY RESET DATE:
PER TRANSACTION MAXIMUM:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500
	<input type="checkbox"/> \$1,000	<input type="checkbox"/> CUSTOM:
PER MONTH MAXIMUM:	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$3,000
	<input type="checkbox"/> \$5,000	<input type="checkbox"/> CUSTOM:

IF CUSTOM LIMIT IS SELECTED, PLEASE PROVIDE AN EXPLANATION:

2. REQUEST A ONE-TIME PAYMENT EXCEEDING \$1,999 (OR FROM A BLOCKED MERCHANT)

SPECIFY EXACT AMOUNT OF PURCHASE \$ _____ . _____ PROVIDE TRAVEL AUTHORIZATON # _____ (IF APPLICABLE)

VENDOR NAME/ADDRESS:

DESCRIPTION OF PLANNED PURCHASE:

3. REQUEST A PERMANENT MERCHANT CATEGORY CODE (MCC)

MERCHANTS ARE ASSIGNED A MERCHANT CATEGORY CODE (MCC) DEFINING THE TYPE OF SERVICES OR GOODS THEY PROVIDE. SOME MCC'S ARE BLOCKED TO PREVENT TRANSACTIONS DUE TO POLICY OR TAX COMPLIANCE REGULATION. REVIEW [P-CARD BLOCKED MERCHANT CATEGORIES.PDF](#) FOR MORE INFORMATION.

VENDOR NAME/ADDRESS _____ PROVIDE MCC# _____

PROVIDE MCC# _____ (OR SELECT A CATEGORY TYPE: INSURANCE FLEET LAB UTILITY MEDICAL RECREATIONAL)

DESCRIPTION OF PURCHASE(S)

4. CARD REPLACEMENT - *DUE TO DAMAGE OR NAME CHANGE ONLY. REPORT LOST OR STOLEN CARD TO BANK OF AMERICA 1/800-300-3084

<input type="checkbox"/> DAMAGED CARD	<input type="checkbox"/> NAME CHANGE SPECIFY NAME TO APPEAR ON CARD: _____
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5. ACCOUNT CLOSURE DEPARTMENT: PLEASE SHRED CARD-CARDHOLDER SIGNATURE IS NOT REQUIRED FOR ACCOUNT CLOSURE-

REASON FOR CLOSURE: SEPARATION TRANSFER ACCOUNT NO LONGER NECESSARY

CARDHOLDER INITIATED CLOSURE: CARDHOLDER MAY OPT TO USE THE SECTION BELOW TO REQUEST CLOSURE OR TO DOCUMENT THE LAST AUTHORIZED TRANSACTION ON THEIR ACCOUNT - PLEASE CUT CARD IN HALF AND SUBMIT IT TO DEPARTMENT WITH THIS FORM REQUESTING CLOSURE.

DATE OF LAST TRANSACTION:	VENDOR NAME:
AMOUNT:	CARDHOLDER SIGNATURE:

DEPARTMENT SIGNATURES

P-CARD APPROVER SIGNATURE	PRINTED NAME:
MANAGER SIGNATURE	PRINTED NAME:

FORWARD THE COMPLETED APPLICATION TO P-CARDFORMS@BOISESTATE.EDU (OR FAX TO EXT 6-1152) ORIGINAL FORM IS RETAINED BY THE DEPARTMENT

PURCHASING USE ONLY		
COMPLETED BY:	NOTES:	
ACCT UPDATE DATE:	CARD ORDERED:	CARD DISTRIBUTED DATE: