

Cardholder Maintenance Form - Procurement Card Program

Return completed form to:
 Procurement Card Specialist - sdsurfpcard@sdsu.edu
 Phone: (619) 594-5622

Cardholder Name:	Red ID:
Department / Mail Code:	Work Phone:

These Changes or Additions to Cardholder's Account Require PI/PD Signature *				
Single Transaction Limit Change:				
Amount Requested: \$	Temporary	From:	To:	Permanent
Monthly Credit Limit Change:				
Amount Requested: \$	Temporary	From:	To:	Permanent
Org Code Addition:				
	Temporary	From:	To:	Permanent
Card Profile Change: Travel PCard (standard & travel codes available)				

Cancel Card Due To:	Termination	Voluntary Closure	Other
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Other (Explain Below):

Justification for Change:

Credit Limit, Org Code, or Card Profile Changes

*PI or Project Director Signature:	Date:
SRA Director (Project Cardholder) Signature:	Date:
CFO/Designee (Central Staff Cardholder) Signature:	Date:

By signing below, I approve and authorize the changes requested above.

Cardholder Signature:	Date:
Authorized Approver Signature:	Date:
Sponsored Research Administrator Signature:	Date:

Internal PCard Administrator Use Only

Approving Official ID:	Division ID:	Card Number:
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