



State University of New York College of Environmental Science and Forestry

New York State Procurement Card Program Account Maintenance Request

Mail completed form to:

Procurement Card Administrator
100 Bray Hall
purchasing@esf.edu

Cardholder name: _____ Phone: _____

Last 4 digits of credit card #: _____ Email: _____

Type of Request

Cancel Card (circle appropriate reason, return cut up card to Procurement Card Administration)
Employee terminated/separated/retired/no longer need card, switched department
Other _____

Change Default Account Number (state acct. numbers only) _____

Tie In Additional Accounts(s) to PCard Access (state acct. numbers only) _____

Change Single Purchase Limit to \$2,500 Single Purchase Limit other than \$2,500 \$ _____

Reason for increase/decrease _____

Change currently listed supervisor/approver of cardholder to the below:
Fill in new name of supervisor/approver: _____

Reminder: Monthly review and approval of all cardholder transactions must take place by assigned departmental personnel (preferably a supervisor). Unless otherwise specified, this will be assigned to the supervisor listed on this form or previous authorization form. The reviewer will sign the hard copy of the monthly statement printed by the cardholder. In accordance with the Internal Control Responsibilities of State Agencies, all transactions must be reviewed and approved for proper expenditure. If the reviewer does not agree with the monthly statement, the cardholder should be asked to verify the documents and explain the reason for any discrepancy. Supervisors must inform the Program Administrator of any transfer or termination of a cardholder or the transfer or termination of the designated reviewer. All original documentation must be retained for a minimum period of six (6) years plus the current year.

Cardholder Signature: _____ Date: _____

Print Supervisor information below if different from the Department Head:

Supervisor Name: _____ Date: _____

Supervisor Signature: _____ Date: _____

If the above supervisor does not have signatory authority, include the below additional information: Department Head Name: _____

Department Head Signature: _____ Date: _____

Procurement Card Program Administrator Signature: _____