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: __________________________

(03/16)