COPPIN STATE UNIVERSITY
PROCUREMENT CARD ACCOUNT MAINTENANCE REQUEST FORM

Section 1: Cardholder Information

Date of Request: ________________________________

Cardholder Name/Employee ID#: ________________________________

Card Number (Last 4 Digits): ________________________________

Phone: ________________________________ Email: ________________________________

Department: ________________________________

Section 2: Type of Request

☐ Cancel card (Please check reason):
   ☐ Employee separated employment
   ☐ Employee switched departments
   ☐ Employee no longer needs card
   ☐ Employee terminated

☐ Other:
   Add Chartfield Speedtype(s): ________________________________
   Change Default Chart Field String: ________________________________
   Change Department: ________________________________
   Change Authorized Approver: ________________________________
   Change Monthly Credit Limit: ________________________________
   Change Single Purchase Limit: ________________________________

Cardholder Signature: ________________________________ Date: ________________________________

Supervisor/Approver Signature: ________________________________ Date: ________________________________

When completed, send this request to Procurement or fax to 410-523-6311

Rev 2/1/11