

Concordia College P-Card Request / Maintenance Form

EMPLOYEE INFORMATION

| | |
|--|------------------------------|
| _____ | _____ |
| Cardholder Legal Name – 24 characters max printed on card | Approver |
| _____ | _____ |
| Cardholder E-Mail Address | Approver E-Mail Address |
| _____ | _____ |
| Cardholder Concordia ID Number | Approver Concordia ID Number |
| 10 - _____ - XXXX Cardholder Default Center Number | _____ |
| | Cardholder Department |

CHANGE INFORMATION ON AN EXISTING ACCOUNT

| | |
|--|--|
| _____ | |
| Current Name on Card | |
| ___ Monthly Credit Limit Change _____ (Amount) | |
| ___ Single Transaction Limit Change _____ (Amount) | |
| ___ Cardholder Name Change _____ | |
| ___ Cardholder E-Mail Change _____ | |
| ___ New Default Center Number _____ | |
| ___ New Approver _____ | |
| ___ New Approver E-Mail/Mac ID # _____ | |
| ___ New Department _____ | |
| ___ Reconciler _____ | |
| ___ Reconciler E-Mail/Mac ID # _____ | |
| ___ Account Closure | |

AUTHORIZATION SIGNATURES

| | | |
|--------------------------------|-------|--|
| _____ | _____ | |
| Employee Signature | Date | |
| _____ | _____ | |
| Manager Signature | Date | |
| _____ | _____ | |
| P-Card Administrator Signature | Date | |

Return to: Diane Aafedt – Business Office