



**Finance Department**  
4430 South Adams County Parkway  
Brighton, CO 80601  
PHONE 720.523.6055

## PURCHASING POLICIES AND PROCEDURES - APPENDIX C P-CARD ACCOUNT MAINTENANCE FORM

### Cardholder Information:

Cardholder Name: \_\_\_\_\_

Cardholder Account Number: 5405 - \_ \_ \_ - \_ \_ \_ - \_ \_ \_ - \_ \_ \_

### Please Indicate Requested Change(s)

- Account Closure/Cancellation (effective immediately)
- Change Control Restriction as Follows:
- Increase/Decrease Monthly Limit from \$ \_\_\_\_\_ to \$ \_\_\_\_\_
  - Increase/Decrease Monthly Limit from \_\_\_\_\_ to \_\_\_\_\_  
(Temporary Start Date) (Temporary End Date)
  - Increase/Decrease Single Transaction Limit from \$ \_\_\_\_\_ to \$ \_\_\_\_\_
  - Increase/Decrease Single Transaction Limit from \_\_\_\_\_ to \_\_\_\_\_  
(Temporary Start Date) (Temporary End Date)
- Add control restriction options:
- Daily Dollar Limit \$ \_\_\_\_\_
  - Daily Number of Transactions Allowed \_\_\_\_\_
  - Monthly Number of Transactions Allowed \_\_\_\_\_
- Change Cardholder name to: \_\_\_\_\_  
*Maximum 20 characters Embossed on Card  
(Only Cardholder Signature Required for this Change)*
- Other \_\_\_\_\_

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Procurement Card Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Finance or Purchasing Card Manager

\_\_\_\_\_  
Date