



# Purchasing Card Account Maintenance Form 1252.1.2f

**Instructions:** Email this completed form to [pcard@unc.edu](mailto:pcard@unc.edu). Mark the check box for each type of request; check all that apply.

Date: \_\_\_\_\_

Accountholder Name: \_\_\_\_\_  
First Name Last Name

Last 4-digits of P-Card Number:

Department Number:

**Cancel Card Account**

**Change Default Chartfield String** *(Must confirm validity and budget of new chartfield string.)*

**New Chartfield String**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-  
Business Unit Fund Source Department Program Cost Code 1 Cost Code 2 Cost Code 3

**Permanent Credit Limit Increase(s)** *(Select the amounts from the dropdown options.)*

New Monthly Credit Limit: \_\_\_\_\_ New Single Transaction Limit: \_\_\_\_\_

**Temporary Limit Increase** *(Provide a brief explanation for business purpose of the increase. Then enter the amounts.)*

Justification for Increase:

Anticipated Date of Purchase: \_\_\_\_\_ Temporary Monthly Credit Limit Increase: \_\_\_\_\_ Length of Time for Monthly Credit Limit Increase: \_\_\_\_\_

Anticipated Date of Purchase: \_\_\_\_\_ Temporary Single Transaction Limit: \_\_\_\_\_ Length of Time for Single Transaction Limit: \_\_\_\_\_

**Change Campus Mailing Address**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-  
Street Address City State Zip Code

**Other:**

\_\_\_\_\_  
Accountholder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Manager/Department Head First & Last Name

\_\_\_\_\_  
Business Manager/Department Head Signature

\_\_\_\_\_  
Date