

MONTGOMERY COUNTY PUBLIC SCHOOLS**Purchasing Card File Maintenance Worksheet**Office of the Chief Operating Officer
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850**PURPOSE: To generate changes for current cardholders.**

As the approving official, I hereby request the following changes be made by the program administrator and that a corporate purchasing card be issued and/or replaced or limits changed as indicated. I further agree to destroy such cards that require cancellation.

EMPLOYEE INFORMATION

Name _____ Employee ID# _____

Last four-digits on purchasing card: ____ _ _ _

CHANGES NEEDED **1. NAME CHANGE**

Card member name as it appears: _____

Card member name as it **should** appear: _____ **2. TEMPORARY LIMIT CHANGE (up to a maximum of 29 days)**Specific reason for change (*required: What specifically is being purchased?*): _____**Monthly Credit Limit:** Increase Decrease**From** Amount _____ **To** Amount _____Effective dates (*mandatory*):**From** ____/____/____ **To** ____/____/____**Single Transaction Amount Limit:** Increase Decrease**From** Amount _____ **To** Amount _____Effective dates (*mandatory*):**From** ____/____/____ **To** ____/____/____ **3. CANCELLATION OF CARD** Lost Stolen Damaged Cardholder is no longer with MCPS Cardholder moved to another MCPS location. Identify new location _____ Other _____**NOTE: PROHIBITED TRANSACTIONS**

Travel, furniture purchases, equipment (including technology), entertainment, food at restaurants, cash access, gasoline, split transactions, and gift card. For information regarding an application for special exclusions to the prohibited purchase, please contact pcard@mcpsmd.org.

SIGNATURES

Location _____ Location No. _____ Telephone ____ - ____ - ____

Approving official's name (printed) _____

I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.

Signature, Approving Official _____ Date ____/____/____

SEND COMPLETED FORM TO: Please sign this form electronically and e-mail the completed form to pcard@mcpsmd.org.