



PCard Maintenance Form

Please type. Complete all relevant areas and return with required signatures to:

PCard Administrator pcard@uncg.edu

REQUESTING DEPARTMENT

Individual Initiating Request: _____

Department Name: _____

REQUESTED CHANGE For Cardholders

Name Change: From: _____ To: _____

CLOSE PCARD ACCOUNT

Close Account – The PCard account is closed and no longer active.

Cardholder Name: _____

Cardholder Username: _____

Effective Date: _____

Reason: _____

PCard Destroyed Date: _____

I hereby authorize the PCard Office to make the above requested changes.

Signed: _____ Date: _____
(Department Head/Supervisor)

For Procurement Services Use Only:

Approving PCard Administrator _____ User/Card Deactivated & Closed in BOA Works _____

User removed CANVAS User removed EMMA Email