



## PCard Maintenance Form

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

PCard Administrator [pcard@uncg.edu](mailto: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**Close Account – The PCard account is closed and no longer active.**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 ☐

09/2025