

**DEPARTMENT OF ADMINISTRATION
MAINTENANCE REQUEST FORM -- PROCUREMENT CARD PROGRAM**

Division Name: _____ Date of Request: _____

Cardholder Name: _____ PCard Number(last four digits): _____

Requested Maintenance to Account:

Address Change to: _____
(street address--26 characters)

city: _____ state: _____ zip code: _____

Close Account reason: _____

Suspend Account reason: _____ from: _____ to: _____

Name Change from: _____ to: _____

*Credit Line Change from: \$ _____ to: \$ _____

*Transaction Limit from: \$ _____ to: \$ _____

MCC Change delete: _____ add: _____

Accounting Codes delete: _____ add: _____

Additional Comments on Request: _____

Authorized Designee Signature: _____ **Date:** _____

Division Director Signature: _____ **Date:** _____

Division Deputy Secretary Signature: _____ **Date:** _____

Department CFO Signature: _____ **Date:** _____

DOA PCard Administrator Signature: _____ **Date:** _____

Submit Form to DOA PCard Administrator

***Requires Division Director, Division Deputy Secretary and Department CFO Approval for Permanent Increases. All other requests may be done based on Authorized Designees signature.**