

COPPIN STATE UNIVERSITY
PROCUREMENT CARD ACCOUNT MAINTENANCE REQUEST FORM

Section 1: Cardholder Information

Date of Request: _____

Cardholder Name/Employee ID#: _____

Card Number (Last 4 Digits): _____

Phone: _____ Email: _____

Department: _____

Section 2: Type of Request

- Cancel card (Please check reason):
 - Employee separated employment
 - Employee switched departments
 - Employee no longer needs card
 - Employee terminated

Other:

Change Department: _____

Change Authorized Approver: _____

Change Monthly Credit Limit: _____

Change Single Purchase Limit: _____

Cardholder Signature: _____ Date: _____

Supervisor/Approver Signature: _____ Date: _____

When completed, email this form to thdawson@coppin.edu