

**ARLEE JOINT SCHOOL DISTRICT #8
P-CARD ACCOUNT MAINTENANCE FORM**

Employee Name: _____ Position Title: _____

Date: _____ p-Card Number: _____

Name Change Request: Name currently on p-Card : _____

Request name change to: _____

Current location: _____

Relocating to: _____

Credit Limit Change: Current limit: \$ _____

Requested limit: \$ _____

Explanation for request: _____

Card Lost or Stolen: Date noticed missing: _____

Cancel Credit Card: Explanation for cancellation: _____

Suspend Credit Card: Explanation for suspension: _____

Signature, Employee _____ **Date** _____

Signature, Direct Supervisor (Principal or Superintendent) _____ **Date** _____

Signature, District Clerk _____ **Date** _____

Distribute: Original-Purchasing; Copy-Supervisor; Copy-Employee