



# Purchasing Card File Maintenance Worksheet

MCPS Form 234-20  
January 2012

Office of the Chief Operating Officer  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

**PURPOSE: To generate changes for current cardholders.**

As the approving official, I hereby request the following changes be made by the program administrator and that a corporate purchasing card be issued and/or replaced or limits changed as indicated. I further agree to destroy such cards that require cancellation.

Name \_\_\_\_\_ Employee ID# \_\_\_\_\_  
Account number on card one \_\_\_\_\_ Account number on card two \_\_\_\_\_

**NAME CHANGE**

Card member name as it appears: \_\_\_\_\_ Card member name as it **should** appear: \_\_\_\_\_

**PERMANENT LIMIT CHANGE**

Reason for change \_\_\_\_\_

*Monthly:*

Increase  Decrease

**From** Amount \_\_\_\_\_ **To** Amount \_\_\_\_\_

*Transaction:*

Increase  Decrease

**From** Amount \_\_\_\_\_ **To** Amount \_\_\_\_\_

**TEMPORARY LIMIT CHANGE (up to a maximum of 29 days)**

Reason for change \_\_\_\_\_

*Monthly:*

Increase  Decrease

**From** Amount \_\_\_\_\_ **To** Amount \_\_\_\_\_

*Effective:*

**From** \_\_\_\_\_ **To** \_\_\_\_\_

*Transaction:*

Increase  Decrease

**From** Amount \_\_\_\_\_ **To** Amount \_\_\_\_\_

*Effective:*

**From** \_\_\_\_\_ **To** \_\_\_\_\_

**CANCELLATION OF CARD**

- Lost  Stolen  Damaged  Cardholder is no longer with MCPS
- Cardholder moved to another MCPS location. Identify new location \_\_\_\_\_
- Other \_\_\_\_\_

Location \_\_\_\_\_ Location No. \_\_\_\_\_ Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Approving official's name (printed) \_\_\_\_\_  
\_\_\_\_\_  
*Signature, Approving Official* \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
*Date*