



Purchasing Card File Maintenance Worksheet

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

**MCPS Form 234-20
April 2009**

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 _____
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 No longer with MCPS

Moved to another location. Identify new location _____

Other _____

Location _____ Location No. _____ Telephone _____ - _____ - _____
Approving official's name (printed) _____

Signature, Approving Official _____ /_____/_____
Date