



Purchasing Card File Maintenance Worksheet

MCPS Form 234-20
September 2019

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.

EMPLOYEE INFORMATION

Name _____ Employee ID# _____

Account number on card one _____ Account number on card two _____

CHANGES NEEDED

1. NAME CHANGE

Card member name as it appears: _____ Card member name as it **should** appear: _____

2. PERMANENT LIMIT CHANGE

Specific reason for change (*required*): _____

Monthly:

Increase Decrease

From Amount _____ **To** Amount _____

Transaction:

Increase Decrease

From Amount _____ **To** Amount _____

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

Specific reason for change (*required*): _____

Monthly:

Increase Decrease

From Amount _____ **To** Amount _____

Effective dates (mandatory):

From ____/____/____ **To** ____/____/____

Transaction:

Increase Decrease

From Amount _____ **To** Amount _____

Effective dates (mandatory):

From ____/____/____ **To** ____/____/____

4. CANCELLATION OF CARD

Lost Stolen Damaged Cardholder is no longer with MCPS

Cardholder moved to another MCPS location. Identify new location _____

Other _____

NOTE: PROHIBITED TRANSACTIONS

Travel, furniture purchases, entertainment, food at restaurants, cash access, gasoline, split transactions, and gift card. For information regarding an application for special exclusions to the prohibited purchase, please contact pcard@mcpsmd.org.

SIGNATURES

Location _____ Location No. _____ Telephone ____ - ____ - ____

Approving official's name (printed) _____

I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.

Signature, Approving Official _____ Date ____/____/____

SEND COMPLETED FORM TO: Please sign this form electronically and e-mail the completed form to pcard@mcpsmd.org.