

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:

Add Chartfield Speedtype(s): \_\_\_\_\_

Change Default Chart Field String: \_\_\_\_\_

Change Department: \_\_\_\_\_

Change Authorized Approver: \_\_\_\_\_

Change Monthly Credit Limit: \_\_\_\_\_

Change Single Purchase Limit: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/Approver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

When completed, send this request to Procurement or fax to 410-523-6311