

MISSISSIPPI DEPARTMENT OF FINANCE AND ADMINISTRATION OFFICE OF PURCHASING, TRAVEL AND FLEET MANAGEMENT PROCUREMENT CARD SERVICES PROGRAM

PROGRAM COORDINATOR MAINTENANCE REQUEST FORM

SECTION I INSTRUCTIONS				_
	Office of Purchasing, Travel and Fleet Management's Use			
 Indicate the action you are requesting: New Program Coordinator Add Alternate Program Coordinator Add to Program Coordinator's Information Update Program Coordinator's Information 	Emailed: □ Yes	□ No		
 Delete Program Coordinator's Information Maintain a copy in the Approving Official's and Agency Program Coordinator's files. Mail the completed form to the Office of Purchasing, Travel, and Fleet Management, ATTN: Procurement Card Services Program 	Authorization Strategy N	o.	Reporting Levels/Agency No.	
Administrator, 701 Woolfolk Building, Suite A, 501 North West Street, Jackson, MS 39201	Procurement Card Admi	nistrator	Date	
SECTION II	REPORTING PARAMETER	<u> 88</u>		
Agency/Organization Name:				
Agency/Organization Number:(if applicable)				
SECTION III PROGRAM COORDINATOR'S INFORMATION				
Program Coordinator's First Name Middle Initial Program Coordinator's Last Name				
Statement Mailing Address Line 1 (maximum 36 characters)		Last 4 digits of Social Security Number		
Statement Mailing Address Line 2 (maximum 36 characte	rs)			
City	State	Zip	Country	
Business Telephone Number Extension	Fax Telephone Number	Er	nail Address	
SECTION IV AGENCY PROGRAM COORDINATOR'S SIGNATURE AND PHONE NUMBER				
Approving Agency Program Coordinator's Name (printed) Email Address				
Approving Agency Program Coordinator's Signature			Date	_
Business Telephone Number	Extension	Fax Telephor	ne Number	_