

Mississippi Valley State University

Account Maintenance Form

Cardholder Information:

DATE:

MISSISSIPPI VALLEY STATE UNIVERSITY

Cardholder Name: _____ Department Name: _____

Cardholder Account Number: 4 7 1 5 - X X X X - X X X X - _____

P-Card Restoration Request:

Violation:	Violation Points	Cumulative Points	Points Year	Date Request Need

Cardholder Signature	Date		Approved	Disapproved
Area VP Signature	Date	Additional Requirement	Approved	Disapproved
VP Business and Finance	Date	Additional Requirement	Approved	Disapproved

Additional Requirement: Retraining Needed, One time use only, Time limit Restrains (No. of days), Suspend, Terminate,

Spending Request Changes

Please indicate requested change(s):

BANNER ORG'S. # _____ : 2ND _____ : 3RD _____

Change control restriction as follows:

	<u>Amount</u>	<u>Increase</u>	<u>Decrease</u>
Increase/Decrease Card Monthly Credit Limits:	_____ to _____		
Increase/Decrease Card Daily Transaction limit from:	_____ to _____		
Increase/Decrease Card Single Transaction limit from :	_____ to _____		
Increase/Decrease the amount of the Spending Authority:	_____ to _____		

Transfer between Banner Orgs. From : _____ **to:** _____ ; _____ **to** _____

Decrease Remaining Balance Only

Brief Reason:

Card Holder Signature: _____ **Area Vice President:** _____

Type of Changes Needed

Change Departmental address to: _____

Change E-Mail address to: _____

Change Reporting Unit from _____ to _____.

Issue card replacement due to: Lost/Stolen Card Damaged Other Cardholder Signature: _____

X _____
P-Card Account Date

Business Office Only
X _____
P-Card Administrator Date

Vice President for Business and Finance Date
Refer to Approval Schedule

President Office Date
Refer to Approval Schedule