

# Boise State University P-Card Account Maintenance Request

Use this form to request changes to existing p-card accounts including account closure.

Form Directions: Provide Cardholder Information, indicate account change required and provide department signatures.

- 1) Complete Section 1 to change account limits temporarily or permanently.
- 2) Complete Section 2 to request a one-time payment over card per transaction limit
- 3) Complete Section 3 to request card replacement due to damage or name change (account number remains the same)
- 4) Complete Section 4 to request account closure.

Cardholder Information		
Department Name:	Date:	
Cardholder Name:	Account Last 4 Digits:	
1. Change Card Limits- Select a Standard Limit or designate a <i>Custom Limit</i>		
If this is a temporary increase, provide a limit reset date:		
Standard Limit (used for most cards)	\$1,999 Per Transaction	\$10,000 Monthly Limit
Standard Limit Low (low volume use)	\$1,999 Per Transaction	\$5,000 Monthly Limit
Standard Limit Plus (high volume use)	\$2,999 Per Transaction	\$20,000 Monthly Limit
Request a Custom Limit -For travel, events, or for other approved purchases	Per Transaction Limit	Monthly Limit
Provide a brief explanation for <i>Custom Limit</i> request:		
2. Request One Time Payment Exceeding Card Per Transaction Limit-or from <a href="#">Restricted Merchant Categories for P-Card</a>		
Complete this section to request a per transaction increase for a purchase requiring credit card payment (i.e. travel, registration, membership, subscription fees), or to request a merchant category unblock.		
Select Fund Source Type:	Non-Project (Local Or Approp. funds)	Sponsored Project
If Project Funded, Provide The Sponsored Project Number:		
Provide Exact Amount of Purchase:		
Provide Vendor Name And Address:		
Provide Description & Business Purpose:		
3. Request Card Replacement due to name change or damage. Report lost or stolen card to Bank of America 1 (800)-300-3084		
Replace Damaged Card	Name Change To:	
4. Account Closure Request		
Close account due to:	Separation	Transfer
		Account no longer necessary
Optional: Cardholder may complete section below to request account closure. Signature from cardholder is not required for account closure		
Date of Last Transaction:	Vendor Name:	Amount:
Cardholder Signature		
Department Signatures		
P-Card Approver Signature		Print Name:
P-Card Authorizer Signature		Print Name:

Please Forward Completed Form To: [Pcard@Boisestate.Edu](mailto:Pcard@Boisestate.Edu)

Original Form Is Retained By Department

*UFS Use Only*

Date Completed

Completed by:

Notes: