



P-CARD ACTION FORM

Today's Date:

Cardholder's or
Approver's Name:

Check one:

Cardholder

Approver

P-Card Account #:

Supervisor/Budget Head Name:

The Employee above: (Check One)

☐

CHANGED DEPARTMENTS*. MAINTAIN CARD PRIVILEGES FOR NEW DEPARTMENT:

** Note: This box is generally applicable to Cardholders ONLY.*

NEW DEPARTMENT:

NEW DEPARTMENT MAILING ADDRESS & PHONE:

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CHANGED JOB RESPONSIBILITIES. CANCEL CARD PRIVILEGES.

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IS NO LONGER AN EMPLOYEE. CANCEL CARD PRIVILEGES.

DATE OF TERMINATION:

☐

IS ON EXTENDED LEAVE FOR MORE THAN 30 DAYS.**

ACTION WHILE
ON LEAVE:

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MAINTAIN CARD PRIVILEGES

☐

SUSPEND CARD PRIVILEGES

☐

CANCEL CARD PRIVILEGES

****Note: If Approver is no longer an employee of the College, is leaving the College, or changing job responsibilities, respective cardholder cannot use the card until new approver is assigned.**

APPROVED BY: _____

Supervisor/Budget Head

DATE: _____

APPROVED BY: _____

Budget Head (if Supervisor is not also Budget head)

DATE: _____

APPROVED BY: _____

Appropriate Vice Chancellor

DATE: _____

DATE ACTION TAKEN: _____

Program Administrator Signature

DATE: _____

COMMENTS: