NC DEPARTMENT OF PUBLIC SAFETY

Maintenance Request for Procurement Card Services

Card Holder's Name (Enter as shown on Procurement Card)

Date of Request _____ Last 4 of Card # _____ Loc./Admin # _____ Position # _____

Change Reasons *(Select appropriate reason below.)*

☐ Location Address Change From _____ To _____

Note:
NOT FOR
EMPLOYEE TRANSFERS

New Location Address _____

City _____ State NC Zip

☐ Close Account

Enter reason for request to close account in the space provided.

☐ Name Change From _____ To _____

☐ Credit Line Change From _____ To _____

☐ Transaction Limit Change From _____ To _____

Enter reason for request to change transaction limit in the space provided.

☐ Temporary Increase From _____ To _____

Justification

Authorization

Authorized to Approve Request *(Division Director or designee)*

_____ *(Printed /typed name)* _____ *(Signature)* _____ *(Date)*

Job Title _____ Contact # _____

For Department Card Administrator Use Only

_____ *(Department Card Administrator's printed name)* _____ *(Department Card Administrator's Signature)* _____ *(Date)*

_____ *Updated in Works* _____ *Updated in NCAS*

Fax Maintenance Request Form to: P & L Procurement Support Services 919-715-3731
or
Email Request Form to: PLSupport@ncdps.gov

Form FS 003
Maintenance Request for Procurement Card Services
Form structure last revised March 2015
NC Department of Public Safety

Print Form