



NC DEPARTMENT OF PUBLIC SAFETY

Maintenance Request for Procurement Card Services

Cardholder's Name (Enter as shown on Procurement Card.) _____

Date of Request _____ Account Number _____ Admin # _____ Position # _____

Change Reasons (Select appropriate reason below.)

Location Address From _____ To _____
 New Location Address _____
 City _____ State _____ 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.

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)

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

**Fax Maintenance Request Form to: P & L Procurement Support Services 919-715-3731
 or**

Email Request Form to: PLSupport@ncdps.gov