

ESCAMBA COUNTY SCHOOL DISTRICT**Procurement Department**

75 North Pace Boulevard

Pensacola, FL 32505

PROCUREMENT CARD**CARDHOLDER MAINTENANCE FORM**

INSTRUCTIONS: To cancel an ECSD Procurement Card or change Cardholder information on an existing card, complete this form and send to the Procurement Department.

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Name of School or Department | Cost Center |
| Name of Cardholder | Card Number (last 4 digits) |
| Type of Request: Check which one applies. | |
| <input type="radio"/> Change Information <input type="radio"/> Cancel Card | |
| Reason for Cancellation: Check which one applies. | |
| <input type="radio"/> Lost <input type="radio"/> Stolen <input type="radio"/> Employee Transferred <input type="radio"/> Employee Retired <input type="radio"/> Employee Terminated <input type="radio"/> No Longer Required | |
| Account Information Changed: Check all that apply. | |
| <input type="checkbox"/> Cardholder Name <input type="checkbox"/> Single Transaction Limit <input type="checkbox"/> Monthly Credit Limit <input type="checkbox"/> Other: _____ | |

CARDHOLDER INFORMATION:

Complete only the appropriate spaces below to indicate change(s) needed.

| | | |
|-----------------------------------------|------------------------------|----------------------------------|
| First Name: | Middle Initial: | Last Name: (24 Characters Total) |
| Business Phone Number: | Requestor Cost Center Number | |
| Cardholder / Employee Signature: | Date: | |
| Principal or Department Head Signature: | Date: | |

FOR DISTRICT USE ONLY

| | |
|----------------------------------|---------------------------|
| Monthly Credit Limit: | Single Transaction Limit: |
| Purchasing Director's Signature: | Date: |