



# 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 \_\_\_\_\_ Position Number \_\_\_\_\_

### 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

#### 1. Authorized to Request Procurement Card *(Supervisor, Plant Manager, Division designee)*

\_\_\_\_\_  
*(Printed /typed name)* \_\_\_\_\_ *(Signature)* \_\_\_\_\_ *(Date)*

Job Title \_\_\_\_\_

#### 2. Authorized to Approve Request *(Division Director or designee)*

\_\_\_\_\_  
*(Printed /typed name)* \_\_\_\_\_ *(Signature)* \_\_\_\_\_ *(Date)*

Job Title \_\_\_\_\_

## 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: Procurement Support Services  
919-715-3731**