University of Rochester Purchasing Card (P Card) Change/Cancellation Notification

Use this Form to notify Purchasing of a P Card is Cancellation or Change in the P-Card Manager.

P Card Cancellation/Replacement Notice for the following Employee:

Employee First Name: ___________________________________________ Middle Initial: ___________________________ Last Name: ___________________________________________

Department Name: ___________________________________________ 8-Digit FAO to be charged (no Grants): ___________________________ P Card Manager Name: ___________________________________________

Reason for Cancellation: ___________________________________________ Effective Date: ___________________________ P Card Manager Signature (Approval): ___________________________________________

Was the P Card Cancelled by the Bank: YES or NO: ___________________________ If Yes: ___________________________________________ Was a replacement card ordered: YES or NO: ___________________________

Request for Change in P Card Manager:

Current P Card Manager Name: ___________________________________________ 8-Digit FAO to be charged (no Grants): ___________________________ Department Name: ___________________________________________

New P Card Manager Name: ___________________________________________ New P Card Manager Phone: ___________________________ New P Card Manager Email: ___________________________________________

Department Head Name: ___________________________________________ Date: ___________________________ Department Head Signature (approval): ___________________________________________

NOTE: New P Card Manager must complete P Card training in Access Online and provide a signed P Card Manager Agreement Form before change is effective.

List Name of Cardholders the New P Card Manager will be Responsible for:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please make sure form is complete and legible and submit to Corporate Purchasing, 70 Goler House, Box 278901

The following Information is for Corporate Purchasing Use Only

Cancellation: ___________________________________________ Processed in Access Online: YES or NO: ___________________________ by: ___________________________

New P Card Manager: ___________________________________________ Yes or NO: ___________________________ Cancelled Old Manager: YES or NO: ___________________________

Changed P Card Manager name on Email/Cardholder List for all Cardholders listed: YES or NO: ___________________________

Training Completed Date: ______ Received P Card Manager Agreement: YES or NO: ___________________________

Revised 6/2014