

Attachment G.

Lamoille North p-CARD ACCOUNT MAINTENANCE FORM

Name: _____

Position Title: _____

p-Card Number: _____

Name or Location Change

Name currently on p-Card: _____

Request name change to: _____

Current location: _____

Relocating to: _____

Limit Change

Current limit: \$. _____

Requested Limit: \$ _____

Explanation for request: _____

Lost, Suspension, or Cancellation

Date noticed missing: _____

Explanation for cancellation: _____

Explanation for suspension: _____

Signature, Employee _____ Date _____

Signature, Direct Supervisor _____ Date _____

ACTION
TAKEN: _____

Signature, Business Manager _____ Date _____