



SNOQUALMIE VALLEY

SCHOOL DISTRICT

P-CARD ACCOUNT MAINTENANCE FORM

Attachment F (Form PC – 05)

Employee Name: _____ Position Title: _____

Date: _____ P-Card Number: _____

Name Change Request: Name currently on P-Card: _____

Request name change to: _____

Location Change: Current location: _____

Relocating to: _____

Credit Limit Change: Total Credit Limit Daily Limit Temporary Transaction Limit
(please check one)

Current limit: \$ _____

Requested Limit: \$ _____

Vendor: _____

Explanation for request: _____

Card Lost or Stolen: Date noticed missing: _____

Cancel Credit Card: Explanation for cancellation: _____

Suspend Credit Card: Explanation for suspension: _____

Employee Signature

Date

Direct Supervisor Signature

Date

Purchasing Supervisor Signature

Date

Assistant Supervisor for Business Signature

Date

SNOQUALMIE VALLEY SCHOOL DISTRICT

8001 Silva Avenue S.E. | P.O. Box 400 | Snoqualmie, WA 98065 | (425) 831-8000 | www.svsd410.org