

ESCAMBIA 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. **Completed form must be submitted to procurement@ecsdfl.us within ten (10) days.**

Name of School or Department	Cost Center	Date Sent to Procurement
Name of Cardholder		Card Number (last 4 digits)
Type of Request: Check which one applies. ☐ Change Information ☐ Cancel Card		
Reason for Cancellation: Check which one applies. ☐ Lost ☐ Stolen / Fraud ☐ Employee Transferred ☐ Employee Retired ☐ Employee Terminated ☐ No Longer Required		
Account Information Changed: Check all that apply. ☐ Cardholder Name ☐ Single Transaction Limit ☐ Monthly Credit Limit ☐ 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:
Procurement Director's Signature:	Date: