

PURCHASE CARD ACCOUNT CHANGE REQUEST FORM

For Office Use Only
PCS:
NBS:
PNet:

Instructions: Please indicate the account change(s) being requested for processing and email the signed form to creditcard@od.nih.gov or fax to 301-402-2145. **Please enter only one name per request.**

IC:	Name: _____ Series/Grade (i.e. 1102/9): _____	Cardholder <input type="radio"/> CAO <input type="radio"/> Account Number (Last 4 digits): _____
------------	--	--

**Please select all changes that apply*

Account Status		Reason	
<input type="checkbox"/>	Cancellation *Attach NBS Pcard User/Approver access form (Word.doc) to remove access in NBS.	<input type="checkbox"/> Card or Approval Authority <input type="checkbox"/> Check writing Authority	<input type="checkbox"/> Left NIH <input type="checkbox"/> Transferred IC <input type="checkbox"/> Authority no longer required <input type="checkbox"/> Misuse (Attach explanation)
<input type="checkbox"/>	Suspension	Suspension Start Date: _____ Suspension End Date: _____	<input type="checkbox"/> Absence/ Extended Leave <input type="checkbox"/> Other (Attach explanation): _____
<input type="checkbox"/>	NBS Proxy Note: A proxy is a CH or CAO temporarily assigned to act during the reconciliation period on behalf of an individual <u>who is on extended leave or has left NIH</u> . The proxy should be an equivalent or higher grade level and have the same acquisition authority. The individual assuming the role of proxy may be suspended if they fail to reconcile on behalf of the original cardholder or CAO by the required deadline.	<input type="checkbox"/> CH Proxy: _____ (Name) <input type="checkbox"/> CAO Proxy: _____ (Name) Proxy Start Date: _____ *Contact the purchase card office once the CH/CAO proxy should be reversed / removed.	<input type="checkbox"/> Absence/ Extended Leave <input type="checkbox"/> Pending NBS Reconciliation (i.e. unreconciled charges or credits, open disputes, open p-card logs) <input type="checkbox"/> Other
		Current	New
<input type="checkbox"/>	Address/ Phone Number		
<input type="checkbox"/>	CAO Change Note: CAO must be an equivalent or higher grade level and acquisition authority than the cardholders under their purview.	Name: _____ Series/Grade (i.e. 1102/9): _____	Name: _____ Series/Grade (i.e. 1102/9): _____
<input type="checkbox"/>	Default Project/CAN and/or Expenditure Type/OC Code		
<input type="checkbox"/>	Purchase Card Limit (Increase/Decrease): <input type="checkbox"/> Single Purchase Limit * attach warrant certificate and justification <input type="checkbox"/> Monthly Limit		

IC Purchase Card Coordinator name (Please print): _____

IC Purchase Card Coordinator signature: _____ **Date:** _____