

Marshall University Research Corporation

P-Card Maintenance Request Form
Rebecca Hill, P-card Coordinator (304)696-3792

Cardholder Information

Name:
Last 4 digits of Card:

Maintenance Request Type

Select all changes that apply:

- | | | |
|-------------------------|-------------------|-------------------|
| *Credit Limit per Cycle | Contact Info | Cancel/Close Card |
| *Single Purchase Limit | Employment Status | Other |
| Name | Default fund/org | |

Maintenance Request Details

Please identify details of the change below:
(*Justification required for limit change)

Required Signatures

Cardholder: _____ Date: _____

Principal Investigator: _____ Date: _____

MURC P-Card Coordinator: _____ Date: _____

Internal Use Only	
Real Time Entry	Date