

# PURCHASE CARD ACCOUNT CHANGE REQUEST FORM

<b>For Office Use Only</b>
<b>PCS:</b>
<b>NBS:</b>
<b>PNet:</b>

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

<b>IC:</b>	<b>Name:</b> <b>Series/Grade (i.e. 1102/9):</b>	<b>Cardholder</b> <b>CAO</b> <b>Account Number (Last 4 digits):</b>
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*\*Please select all changes that apply*

	Account Status	Reason	
	<b>Cancellation</b> <small>*Attach NBS Pcard User/Approver access form (Word.doc) to remove access in NBS.</small>	<b>Card or Approval Authority</b>  <b>Check writing Authority</b>	<b>Left NIH</b> <b>Transferred IC (list IC)</b> <b>Authority no longer required</b> <b>Misuse (Attach explanation)</b>
	<b>Suspension</b>	<b>Suspension Start Date:</b>	<b>Absence/ Extended Leave</b> <b>Other (Attach explanation):</b>
	<b>NBS Proxy</b> <u><b>Note:</b></u> 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.	<b>CH Proxy:</b> <div style="text-align: center;">(Name)</div> <b>CAO Proxy:</b> <div style="text-align: center;">(Name)</div> <b>Proxy Start Date:</b> <small>*Contact the purchase card office once the CH/CAO proxy should be reversed / removed.</small>	<b>Absence/ Extended Leave</b> <b>Pending NBS Reconciliation (i.e. unreconciled charges or credits, open disputes, open p-card logs)</b> <b>Other</b>
		<b>Current</b>	<b>New</b>
	<b>Address/ Phone Number</b>		
	<b>CAO Change</b> <u><b>Note:</b></u> CAO must be an equivalent or higher grade level and acquisition authority than the cardholders under their purview.	<b>Name:</b> <b>Series/Grade (i.e. 1102/9):</b>	<b>Name:</b> <b>Series/Grade (i.e. 1102/9):</b>
	<b>Default Project/CAN and/or Expenditure Type/OC Code</b>		
	<b>Purchase Card Limit (Increase/Decrease):</b>  <b>Single Purchase Limit</b> <small>* attach warrant certificate and justification</small>  <b>Monthly Limit</b>		

**IC Purchase Card Coordinator name (Please print):**

**IC Purchase Card Coordinator signature:**

**Date:**