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| **CARDHOLDER INFORMATION** |
| **Cardholder Name:** | **Today’s Date:** |
| **Current Department:** | **Current Approver:** |
| **CHANGE IN CARDHOLDER STATUS** |
| **Cardholder Termination** | **Effective Date:** | **Last Paid Date:** | **Reason for Termination:*** Resignation Retirement Dismissal
* Change in Benefited Status
 |
| **Departmental Transfer** | **Effective Date:** | **Activation Date in New Position:** | **Departmental Index:** |
| **Department:** | **Position:** | **Approver’s Name:** |
| **Leave of Absence** | **Effective Date:** | **Expected Date of Return:** | **Comments:** |
| **Discontinued Use of P-Card** | **Effective Date:** | **Reason for discontinuing the use of the P-Card:** |
| **CHANGE IN STATUS CHECKLIST****(Required per Policy IV:04:22)** |
| Does the approver have the cardholder’s files in their possession? | Yes | No |
| If the cardholder is **TERMINATING** employment or **DISCONTINUING** the use of their P-Card, has the P-Card been returned to Procurement Services? | Yes | No |
| Have the cardholder’s receipts been reconciled to purchases in ESP? | Yes | No |
| Have the cardholder’s purchases been coded to the correct Banner account code? | Yes | No |
| Have all of the cardholder’s purchases been approved in ESP? | Yes | No |
| Are there any outstanding purchases not recorded in ESP? | Yes | No |

As the approver, I am certifying all of the information above is accurate and all processes have been completed.

Name of Cardholder Cardholder’s Signature Date

Name of Approver Approver’s Signature Date

Name of New Approver (If Departmental Transfer) Approver’s signature Date

Copy: Office of Business and Finance (CAB 106) Original Copy: Cardholder’s File Copy: New Approver (If Departmental Transfer)