

**La Grange Area Department of Special Education**  
**p-CARD ACCOUNT MAINTENANCE FORM**

Attachment G

Employee Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Date: \_\_\_\_\_ p-Card Number: \_\_\_\_\_

**Name Change Request:** Name currently on p-Card: \_\_\_\_\_  
Request name change to: \_\_\_\_\_

**Credit Limit Change:** Current limit: \$ \_\_\_\_\_  
Requested Limit: \$ \_\_\_\_\_

**Card Lost or Stolen:** Date noticed missing: \_\_\_\_\_

**Cancel Credit Card:** Explanation for cancellation: \_\_\_\_\_

**Suspend Credit Card:** Explanation for suspension: \_\_\_\_\_

Signature, Employee \_\_\_\_\_ Date \_\_\_\_\_

Signature, Direct Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Signature, Purchasing Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Signature, Asst Supt for Business \_\_\_\_\_ Date \_\_\_\_\_