



PROCUREMENT CARD TRANSFER FORM

CURRENT CARDHOLDER INFORMATION

Employee Name:		Phone Number:	
Job Title:		Email Address:	
Department:		Card Number:	
Reason for Transfer:			
Effective Date:			

NEW CARDHOLDER INFORMATION

Employee Name:		Phone Number:	
Job Title:		Email Address:	
Department:			

APPROVALS

By signing below, I confirm that the responsibilities of the P-Card listed above is being transferred from the current cardholder to the new cardholder. I understand that the current cardholder will no longer be responsible for transactions made with this P-Card as of the Effective Date, and the new cardholder has received a copy of the **Procurement Card Manual**, understand its requirements, and agree to comply with all policies and procedures.

Current Cardholder Name (Print)

Current Cardholder Signature / Date

New Cardholder Name (Print)

New Cardholder Signature / Date

New Department Head Name (Print)

New Department Head Signature / Date

BELOW IS FOR PROCUREMENT DEPARTMENT USE ONLY

Approved (Y/N)		
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P-Card Administrator Name (Print)

P-Card Administrator Signature / Date