



Chinook's Edge School Division No. 73

PURCHASING CARD

Cardholder Change Request

TO: **Sherry Majcan, Accountant** **Phone:** (403) 227-7079
(Plan Administrator) **Fax:** (403) 227-3652
Central Office - Innisfail, Alberta **E-Mail** smajcan@chinooksedge.ab.ca

FROM: _____ **Phone:** (403) _____
(Principal/Supervisor) **Fax:** (403) _____

(School/Department)

DATE: _____

SIGNATURE: _____

RE: PURCHASING CARD MODIFICATIONS

Please make the following changes as soon as possible.

Cardholder Name: _____ **Card #:** _____

1. General Ledger Budget or Transfer to another School Location Change:

From: _____ To: _____

2. LIMITS:

Transaction Limit From: \$ _____ To: \$ _____

Monthly Limit From: \$ _____ To: \$ _____

3. CARD CANCELLATION (As per item 7 in Policy) YES NO

REASONS FOR CANCELLATION:

