



MISSISSIPPI DEPARTMENT OF FINANCE AND ADMINISTRATION
OFFICE OF PURCHASING, TRAVEL, AND FLEET MANAGEMENT

PROGRAM COORDINATOR MAINTENANCE REQUEST FORM

PLEASE SELECT

☐ **PROCUREMENT CARD (OR)**

☐ **TRAVEL CARD**

SECTION I **INSTRUCTIONS**

Indicate the action you are requesting

- ☐ New Program Coordinator
- ☐ Add Alternate Program Coordinator
- ☐ Add to Program Coordinator's Information
- ☐ Update Program Coordinator's Information
- ☐ Delete Program Coordinator's Information

Maintain a copy in the Agency's and Program Coordinator's files

Please email the completed form to
purchasingandtravel@dfa.ms.gov.

Office of Purchasing, Travel and Fleet Management's Use

Emailed: ☐ Yes ☐ No

Authorization Strategy No. _____

Reporting Levels/Agency No. _____

Card Services Administrator _____

Date _____

SECTION II

REPORTING PARAMETERS

Agency/Organization Name: _____

Agency/Organization Number: _____
(if applicable)

SECTION III

PROGRAM COORDINATOR'S INFORMATION

Program Coordinator's First Name _____ Middle Initial _____ Program Coordinator's Last Name _____

Statement Mailing Address Line 1 (maximum 36 characters) _____

Statement Mailing Address Line 2 (maximum 36 characters) _____

City _____ State _____ Zip _____

Business Telephone Number _____ Extension _____ Fax Telephone Number _____ Email Address _____

SECTION IV

AGENCY PROGRAM COORDINATOR'S SIGNATURE AND PHONE NUMBER

TO BE COMPLETED ONLY WHEN ENROLLING AN ALTERNATE COORDINATOR

Approving Agency Program Coordinator's Name (printed) _____ Email Address _____

Approving Agency Program Coordinator's Signature _____ Date _____

Business Telephone Number _____ Extension _____ Fax Telephone Number _____