



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 _____