



PCard Update Form – MULTIPLE Cardholders Add or Remove Reallocator

Requestor Information:

Name: _____

Phone: _____

Department: _____

Cardholders Information:

Name:	Last 10 digits of card or UNID:

Add or Remove Reallocators

Add or Remove	Name	UNID
ADD <input type="checkbox"/> REMOVE <input type="checkbox"/>		
Primary or Alternate Reallocator	Completed Cardholder Training	Completed Reallocator Training
Primary <input type="checkbox"/> Alternate <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Add or Remove	Name	UNID
ADD <input type="checkbox"/> REMOVE <input type="checkbox"/>		
Primary or Alternate Reallocator	Completed Cardholder Training	Completed Reallocator Training
Primary <input type="checkbox"/> Alternate <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Primary Reallocators will also receive the statement. List the primary reallocators address:

Address: _____

City: _____ State: _____ Zip Code: _____

I confirm that I am the Cardholder or Authorized Supervisor.

Name of Cardholder or Authorized Supervisor: _____

Signature: _____ Date: _____