

PCard Update Form – Add or Remove Reallocator for Multiple Cardholders

Contact Information for Requestor:

Name: _____
 Department: _____
 Phone: _____

| Please List Each Cardholder | |
|-----------------------------|-------------------------|
| Name: | Last 10 digits of card: |
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Add a New Reallocator or Remove Existing Reallocator

(Please check one box)

Add a New Reallocator or Remove Existing Reallocator

Name: _____
 Employee ID: _____
 Address: _____
 Zip Code: _____
 Phone: _____
 Email: _____

This Reallocator has completed *both* Cardholder and Reallocator Training: Yes

This new reallocator will be: Primary Reallocator (Statement Recipient) or Alternate Reallocator

Authorized Supervisor: _____
(Please Print)

**Approved By: _____ Date: _____
(Signed by Cardholder or Authorized Supervisor)