



**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:

**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)*