



**PCard Update Form – MULTIPLE Cardholders Add or Remove Reallocator**

**Requestor Information:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Department: \_\_\_\_\_

**Cardholders Information:**

| Name: | Last 10 digits of card: |
|-------|-------------------------|
|       |                         |
|       |                         |
|       |                         |
|       |                         |
|       |                         |
|       |                         |

**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: \_\_\_\_\_