



**Approving Official Update**

Department Name: \_\_\_\_\_ Date: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Former Approving Official:**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing I certify that I will abide by all Procurement Card policies and failure to adhere may result in suspension or revocation of the departmental privileges.

**New Approving Official:**

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

Email address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cardholder(s) under New Approving Official:

1 .	5 .
2 .	6 .
3 .	7 .
4 .	8 .

**RETURN COMPLETED FORM TO:**  
Procurement Services, BSB 109