



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 .

Procurement Services Official: _____ Date: _____

RETURN COMPLETED FORM TO:
Procurement Services, BSB 109