



Reconciler Update

Department Name: _____ Date: _____

Submitted by: _____ Phone #: _____

Former Reconciler:

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 Reconciler:

Print Name: _____ Email : _____

Signature: _____ Date: _____

Approving Official:

Print Name: _____

Signature: _____ Date: _____

Cardholder(s) under New Reconciler:

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

RETURN COMPLETED FORM TO: Procurement Services, BSB 109

Rec'd by Procurement Card Representative _____ **Date:** _____ **Processed Date:** _____