



**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

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Rec'd by Procurement Card Representative \_\_\_\_\_ Date: \_\_\_\_\_ Processed Date: \_\_\_\_\_