



The University of Alabama in Huntsville

Approving Official Update Form

Department Name: _____ Date: _____

Submitted By: _____ Phone Number: _____

Director/Dean/Department Head: _____

Signature: _____ Date: _____

New Approving Official Name: _____

Email: _____ Phone: _____

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.

Signature: _____ Date: _____

Cardholders Under New Approving Official

Cardholder Name

Procurement Card Services Official: _____ Date: _____

Forward completed form to: Procurement Card Services.