



# 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.