



The University of Alabama in Huntsville Reconciler Update Form

Department Name: _____ Date: _____

Submitted By: _____ Phone Number: _____

Former Reconciler

Name: _____ Date: _____

New Reconciler

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: _____

Approving Official

Name: _____

Signature: _____ Date: _____

Cardholders Under New Reconciler

Cardholder Name

Procurement Card Services Official: _____ Date: _____

Forward completed form to Procurement Card Services Department for Approval.