



Deletion Form for Pcard or Works User Access

Personal Information:

First Name:	Middle Initial:	Last Name:
Email Address: @okstate.edu	CWID: 9-	
Position Title:	Group Name: OKC	
Phone (405)945-		

Card Information and Controls

Current Role(s) – Use checkboxes: <input type="checkbox"/> Cardholder <input type="checkbox"/> Approving Manager <input type="checkbox"/> Accountant <input type="checkbox"/> Group Proxy Reconciler <input type="checkbox"/> Group Owner	Name of Replacement for each Role:
Provide justification for deletion:	

Signatures and Date:

Signature of Cardholder Date

Signature of Approving Manager Date

Signature of Accountant Date

Signature of Department Head Date

Signature of Fiscal Officer/Other (if required) Date

Signature of Purchasing Department Date

Notes: [Administrative Use Only]

