***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:* | |
| *Phone* *(**)**-* | |  | |

***Card Information and Controls***

|  |  |
| --- | --- |
| *Current Role(s) – Use checkboxes:*  *Cardholder*  *Approving Manager*  *Accountant*  *Group Proxy Reconciler*  *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]***