***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]***