

Deletion Form for Pcard or Works User Access

Personal Information:				
First Name:	Middl	e Initial:	Last Name:	
Email Address:		kstate.edu	CWID: 9 -	
Position Title:		Group Na	me:	
Phone () -				
Thore				
Card Information and Controls				
Current Role(s) – Use checkboxes: Cardholder Approving Manager Accountant Group Proxy Reconciler Group Owner	Name of Repla	cement for e	ach Role:	
Provide justification for deletion:				
Signatures and Date:		Notes: [A	dministrative Use Only]	
Signature of Cardholder	Date			_
Signature of Approving Manager	Date			<u> </u>
Signature of Accountant	 Date			_
Signature of Department Head	 Date			_
Signature of Fiscal Officer/Other (if required)	 Date			_

Date

Signature of Purchasing Department