



# REVIEWER/ALLOCATOR TERMINATE FORM

Arkansas Department of Transformation and Shared Services Office of State Procurement

This form shall be completed and submitted by the Agency Liaison when an employee no longer needs Reviewer/Allocator Access in US Bank.

ALL COMPLETED APPLICATIONS MUST BE EMAILED TO [Creditcards@dfa.arkansas.gov](mailto:Creditcards@dfa.arkansas.gov)

**\*Required Fields**

**Reviewer Information**

*Last Name	*First Name	Middle Initial	*Agency Business Area (4digit)
*Agency Name		* USER ID (must be 7-20 characters in length)	

I understand and accept full responsibility as an Agency Reviewer to review and/or reallocate all accounts assigned to me and verify all transactions have been approved on a weekly basis.

*Liaison Name:	*Liaison Signature:	*Date
*Approving Manager Name:	*Approving Manager Signature:	*Date

DTSS CREDIT CARD SECTION USE ONLY

Signature:		Date Completed:	
------------	--	-----------------	--