



REVIEWER/ALLOCATOR UPDATE FORM

Arkansas Department of Transformation and Shared Services Office of State Procurement

- This form shall be completed and submitted by the Agency Liaison to update the following:
- > Add or Delete a cardholder or managing account from the reviewer/allocator's access
 - > Change to the reviewer/allocator's role assignment

ALL COMPLETED APPLICATIONS MUST BE EMAILED TO Creditcards@dfa.arkansas.gov

***Required Fields**

Reviewer Information

*Last Name	*First Name	Middle Initial	*AASIS Personnel #	*Last 4 digits of SSN:
*Agency Business Area (4digits)	*Agency Name			
*User ID				

Type of Role Needed (Check each that apply)

PAV001 - Viewing Only - no editing allowed	REP001 - Reporting Only
PAS004 - Review and Reallocate Transactions	CHF001 - Cardholder Access

Specific Cardholder Accounts to be Reviewed by the Applicant

*Add or Delete	*Type of Account: PCARD / TCARD/ CTS	*Last 4 digits on Cardholder Account	*Name on Cardholder Account

Specific Managing Accounts to be Reviewed by the Applicant. (if the reviewer needs access to all cards under a specific managing account). This may include Division and Department Numbers.

*Add or Delete	*Type of Account: PCARD / TCARD/ CTS	*Last 4 digits of Managing Account	*Name of Managing Account	*Bank Number (4 digits)	*Agent Number (4 digits)	*Company Number (5 digits)	*Division Number (5 digits)	*Dept Number (4 digits)

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.

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

DTSS CREDIT CARD SECTION USE ONLY

Signature:	Date Completed:
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