



# REVIEWER/ALLOCATOR TERMINATE FORM

Arkansas Department of Transformation & 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 Bank of America

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)
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*Agency Name
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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
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*Approving Manager Name:	*Approving Manager Signature:	*Date
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DTSS CREDIT CARD SECTION USE ONLY

Signature:	Date Completed:
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