



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 osp.creditcards@arkansas.gov

***Required Fields**

Reviewer Information

*Last Name	*First Name	Middle Initial	*Agency Business Area (4digit)
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*Agency Name

I understand and accept full responsibility as the agency's Liaison or Approving Manager that by signing this form, I am authorizing the termination of the reviewer's access in Bank of America Works.

*Liaison/Approving Manager Name:	* Liaison/Approving Manager Signature:	*Date
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DTSS CREDIT CARD SECTION USE ONLY	
Signature:	Date Completed: