

This form shall be completed and submitted by the Agency Liaison to update the following:

- > Add or Delete a cardholder or group account from the reviewer/allocator's access
- > Change to the reviewer/allocator's role assignment

ALL COMPLETED APPLICATIONS MUST BE EMAILED TO osp.creditcards@arkansas.gov

***Required Fields**

Reviewer Information

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

Role Update (Check each that apply)

<input type="checkbox"/>	Review (Proxy Reconciler or Secondary Cardholder)	<input type="checkbox"/>	Cardholder (Allocate Only)
<input type="checkbox"/>	View Only (Includes Reporting)		

Specific Cardholder Accounts to be Reviewed by the Applicant

* Add or Delete	* 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	Business Area/Group Name	* 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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