

REVIEWER/ALLOCATOR UPDATE FORM

Arkansas Department of Transformation & 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 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 Inf								
			*First Name Middle Initial		dle Initial	*AASIS Personnel # *Last 4 di		f SSN:
* Agency Rusin	ness Area/ Name					* User ID		
* Agency Business Area/ Name						OSEI ID		
Role Undate	(Check each that	apply)						
Review (Proxy Reconciler or Secondary Cardholder)				Cardholder (Allocate Only)				
				, "				
	View Only (Includes Reporting)							
Specific Card	 holder Accounts	to he Reviewed h	v the Δnnlicant					
* Add or Delete	* Last 4 digits on	* Name on Cardhold						
Add of Delete	Cardholder Account	warne on Cardnoid	er Account					
Specific Mar	naging Accounts to	be Reviewed by	the Applicant. (if the revie	wer needs access	to all card	s under a specific managin	g account). Ti	nis may include
Division and	Department Num	nbers.						
* Add or Delete	or Delete Business Area/Group Name				* Division Number * Dept Number			
	+				(5 digits)		(4	1 digits)
				.,				
			n Agency Reviewer to revie	w and/or realloca	ite all acco	unts assigned to me and v	erity all trans	actions nave
	been approved on a weekly basis. *Employee Signature: *Date							
	,							Dute
*Liaisan Name				*Lisican Cignatura				*Dete
*Liaison Name	::			*Liaison Signature:				*Date
**							• -	
*Approving Manager Name:				*Approving Manager Signature:			*Date	
			DTSS CREDIT CA	RD SECTION USE C	ONLY			
			D 133 CREDIT CA	The section of the control of the co	JINEI			
Signature:						Date Completed:		

Revised 9/2022