

UFV Scotiabank Visa Card Reviewer Change Request



Please send completed and approved forms to the attention of Procurement Services.

Cardholder Information

Legal First Name: _____ Legal Last Name: _____

Employee ID#: _____ Position/Title: _____

UFV Phone #: _____ UFV Email: _____

Department Information

Department: _____

Effective Date: _____

Current Reviewers

Reviewer 1 Name: _____

Reviewer 2 Name: _____

New Reviewers

Reviewer 1 Name: _____

Reviewer 2 Name: _____

Authorization

Signing Authority Name: _____

Signing Authority Signature: _____ Date: _____

Purchasing Processing Only:

Approved by Director, Supply Chain: _____ Date: _____

Processed By: _____ Date: _____