



STATE OF OHIO



DESIGNATION OF AGENCY PCARD BACKUP ADMINISTRATOR

Each agency will only have no more than two backups to the agency administrator.

Agency:		Date:	
Address:		Effective Date:	
City:		State:	
Phone:		ZIP:	
		Fax:	
Does this form rescind any previous form submitted to the Statewide Pcard Administrator? If "yes", a copy of the previously submitted form for this position must be attached.			<input type="checkbox"/> Yes <input type="checkbox"/> No

Designated Pcard Program Backup

Name:	E-mail Address:	
Agency CFO Name:	Approval:	Date:
	<input type="checkbox"/> YES	

Instructions for submitting form:

1. Review and attach previously submitted forms to the Statewide Pcard Administrator, indicating the personnel to be deleted from our records.
2. Complete the fields above and have the form reviewed by the Agency CFO to certify that approval has been obtained for this request.
3. The Agency CFO or Designee should send the "Designation of Agency Pcard Backup Administrator" form and any supporting documentation to the Statewide Pcard Administrator via e-mail to [obm.pcard@obm.state.oh.us](mailto:obm.pcard@obm.state.oh.us)