



**Western Carolina University**  
**PCard Approving Supervisor Change Form**

<b>Name of Cardholder:</b>	
<b>Date:</b>	

**Approving Supervisor Cancellation**

<b>Name:</b>	<b>Date:</b>
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**Approving Supervisor Addition**

<b>Name:</b>	<b>Date:</b>
<b>Email Address:</b>	

<b>Cardholder signature:</b>
<b>Approving Supervisor Addition:</b>