# TCard Approving Supervisor Change Form

| Name of Cardholder: | |
|---|---|
| Date: | |

## Approving Supervisor Cancellation

| Name: | Date: |
|---|---|

## Approving Supervisor Addition

| Name: | Date: |
|---|---|
| Email Address: | |

| Cardholder signature: |
|---|
| Approving Supervisor Addition signature: |