

**Transfer of Responsibility for Credit Cards
 Reconciler**

Agency Code: 746

I, _____, as the new reconciler for the UTRGV MasterCard Credit Card(s) listed below agree to assume responsibility for the reconciliation process of these card(s) transactions.

I acknowledge receipt of the Credit Card Program Manual, and Handbook of Operating Procedures, ADM 10-410. I confirm that I have read and fully understand the terms and conditions of each.

MASTERCARD CREDIT CARD #	COST CENTER/PROJECT #	CARDHOLDER NAME
XXXX-XXXX-XX		
XXXX-XXXX-XX		
XXXX-XXXX-XX		
XXXX-XXXX-XX		
XXXX-XXXX-XX		
XXXX-XXXX-XX		
XXXX-XXXX-XX		
XXXX-XXXX-XX		
XXXX-XXXX-XX		

RECONCILER
First Name: _____ MI: _____
Last Name: _____
UTRGV Email: _____
Phone: _____ EID: _____
Department: _____
Campus Address: _____

COST CENTER/PROJECT MANAGER
First Name: _____ MI: _____
Last Name: _____
UTRGV Email: _____
Phone: _____ EID: _____
Department: _____
Campus Address: _____

1. _____
 Reconciler Signature Printed Name Date

2. _____
 Cost Center Manager's Signature Printed Name Date

Credit Card Program Use Only		
Cardholder Training Completion Date _____ Date	Approved Denied _____ Date Initials	