Department of Natural Resources
LaCarte Purchasing Card Program
Approver Deletion Form

☐ DELETE

Reason for Deletion:

_____

_____

_____

To be completed by **Section Head**:

Approver Name: _____

Approving Agency: _____

Approving Division: _____

Contact Number: _____

Email Address: _____

Section Head Signature: _____

To be completed by **Fiscal Services**:

If there are any issues with pending transactions and/or approvals, please explain:

Date of Account Deletion: _____

Program Administrator Signature: _____