

**UTAH COUNTY PURCHASING CARD  
TRANSFER OF CUSTODIANSHIP REQUEST FORM**

Department	
Last 5 Digits of Card Number	
Old Custodian's Name	
New Custodian's Name	
Effective Date	

I do hereby accept responsibility for security and accountability of the purchasing card for my department as of the effective date shown on this form.

As custodian of a purchasing card issued by Utah County, I indicate that I have read, understand, and agree to adhere to Utah County's Purchasing Card Policy and Procedures.

Failure to comply with the guidelines established for purchasing cards may result in severe consequences up to, and including, termination of employment. Any criminal activity associated with the use of the purchasing card may be prosecuted under applicable laws.

\_\_\_\_\_  
New Custodian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date