

PURCHASING CARD AND TRAVEL CARD AGENCY PROGRAM ADMINISTRATOR AUTHORIZATION FORM

Agency		Date	
Instruct	ions		

This form must be completed in order to establish, change, or remove authorization to act as an agency program administrator for purchasing card and travel card related transactions, questions, and inquiries.

- It is recommended that each agency have at least two individuals listed as administrators for each card type category, purchasing and travel. The latest version of this form should include all active, current agency administrators.
- Updated versions of this form will replace prior versions on file at the GAO.
- Once completed, this form must be emailed to afis.operations@azdoa.gov by the Agency Head, Deputy Director or CFO.

Access Type

- Full Cardholder Account Creation and Maintenance Administration, Transaction Management, Cardholder and Managing Account Reporting, Manage Account Profile Information, Set and Change Limits
- View View access only to the Transaction Activity, Account Profile Information, Reporting and Statement Activity, and Limit Information

Purchasing Card Administrators

Can perform inquiries, updates, and changes regarding purchasing cards for the agency.

Access Type	Name	EIN	Phone	Email

Travel Card Administrators

Can perform inquiries, updates, and changes regarding travel cards (including employee travel cards and CTA/ghost cards) for the agency.

Access Type	Name	EIN	Phone	Email

Certification by Agency Head or Deputy Agency Head

I hereby certify that I am the Agency Head or Deputy Agency Head for the agency indicated above. I understand that any changes to the above security authorizations will be communicated immediately to GAO - AFIS with an updated GAO-3C. This form must be emailed to afis.operations@azdoa.gov by the Agency Head, Deputy Agency Head or CFO. I am aware of the SAAM requirements for all cards, including the recommendation to have backups, and that the Agency Head may become personally liable for ETC charges if the bank is not notified timely to cancel a departed employee's ETC per SAAM 5051.

Signature		EIN	Dat	te
Name	Title		Pho	one