

ARIZONA

DEPARTMENT OF ADMINISTRATION
GENERAL ACCOUNTING

PURCHASING CARD AND TRAVEL CARD AGENCY PROGRAM ADMINISTRATOR AUTHORIZATION FORM

INSTRUCTIONS

This form must be completed in order to establish, change, or remove authorization to act as 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 for each purchasing card and travel card. 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.

* **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

Agency (Department):	
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PURCHASING CARD ADMINISTRATORS

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

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.

TYPE	NAME	EIN	PHONE	EMAIL

CERTIFICATION BY AGENCY HEAD, DEPUTY AGENCY HEAD, OR CHIEF FINANCIAL OFFICER

I hereby certify that I am the Agency Head, Deputy, or Chief Financial Officer 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 Director or CFO.

NAME _____ DATE _____ PHONE _____ EIN _____

APPROVED BY _____ TITLE _____ EMAIL _____