FLORIDA INTERNATIONAL UNIVERSITY

Credit Card Solutions Departmental Card

Add/Delete Approver/Reconciler Request

Card Profile: ☐ Commodity Only ☐ Travel Only ☐ Dual Use (Commodity & Travel)

Print Form

CARDHOLDER INFORMATION

First Name: _____ Initial: _____ Last Name: _____

Panther ID: _____ E-mail: _____ Work Phone: _____ Last 4 digits of card number: _____

Cardholder Signature: _____ **Date:** _____

REQUEST TO CHANGE OR ADD A RECONCILER OR APPROVER

Note: An Approver may not be a subordinate of the Cardholder listed on this request.

Action: ☐ New ☐ Update ☐ Remove **Role:** ☐ Approver ☐ Reconciler **Trained:** ☐ Yes Date: _____

Approver Name: _____ Panther ID: _____

Justification for change: _____

_____

Approver Signature: _____ Date: _____

Action: ☐ New ☐ Update ☐ Remove **Role:** ☐ Approver ☐ Reconciler **Trained:** ☐ Yes Date: _____

Approver Name: _____ Panther ID: _____

Justification for change: _____

_____

Approver Signature: _____ Date: _____

Action: ☐ New ☐ Update ☐ Remove **Role:** ☐ Approver ☐ Reconciler **Trained:** ☐ Yes Date: _____

Approver Name: _____ Panther ID: _____

Justification for change: _____

_____

Approver Signature: _____ Date: _____

AUTHORIZATION BY BUSINESS UNIT APPROVER

REQUIRED FOR ALL APPROVER/RECONCILER CHANGES

I understand my responsibilities as they relate to the Credit Card Solutions Program and authorize the above request. I have ensured that the above employee(s) possesses the necessary knowledge to perform the duties as an Approver and/or Reconciler. I also certify that any Approvers noted on this request are non-subordinates to the cardholder listed above.

Authorized By (Printed Name): _____ Title: _____

Signature: _____ Date: _____

FOR USE BY CREDIT CARD SOLUTIONS TEAM ONLY

Form Received: _____ Request Completed By: _____ Date: _____

FAX COMPLETED FORM TO : Credit Card Solutions Team (305) 348-1623