

Express Card Department Administrator Authorization Form

Proposed Department Administrator:

NAME:	FIRST	MIDDLE	LAST
DEPARTMENT NAME:		PHONE:	MAIL CODE:
EMPLOYEE NUMBER: <small>(must be a UCSD employee)</small>		PAYROLL TITLE:	

Instructions: Please complete the information above, the checklist below, obtain required signatures, and either fax the completed form to Express Card Program Administrator X44621 or mail to 0955. For information, call 534-6535 or email expresscard@ucsd.edu.

- Our central business office has a commitment to the Express Card program and approves participation
- We are ready to design/follow a process with controls which will allow for:
 - accepting transactions without traditional identifying 'PO' number
 - review of individual purchases for procurement policy compliance
 - prompt submission of receipts and packing slips by cardholder
 - timely access to statements and transaction information to verify charges
 - a departmental procedure for proper record retention
 - consideration of any special funding conditions
- We understand the department administrator will be required to attend a training session to learn about their responsibilities
- We know the Express Card is a valuable tool for purchasing a broad range of products and services, however, due to policy and best practices, there are certain limitations and policy restrictions which include:
 - the purchase of travel, entertainment, flowers, food, gifts and gift certificates, and other restricted commodities
 - the purchase of items for personal use
 - not all fund sources are appropriate
- We understand there are procurement methods for good and services not allowed on the Express Card and we will become familiar with those alternate methods
- We understand that this department administrator has the authority to establish, change or cancel Express Card accounts
- We understand that this department administrator will receive email notification of all purchases made by cardholders in the department or unit

Express Card Department Administrator Signature Date

Department Administrator's Supervisor Signature Print Name Date

MSO or Department Business Officer Print Name Date