

# Express Card Department Administrator Authorization Form

**Proposed Department Administrator:**

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

**Instructions:** Complete the information above, obtain required signatures, and submit via **BFSupport; Buying Goods and Services; Express Card**

By participating in UC San Diego's Express Card Program as a Department Administrator, you assume responsibilities pertaining to the operations and administration of the Express Card Program. These responsibilities include but are not limited to:

- Manage the Express Card Program for the department
  - Understand and adhere to Express Card policies and procedures.
  - Provide support and guidance to Cardholders, Transaction Reviewers, and Administrative Support roles in a timely manner. Develop and maintain your department's guidelines on Express Card responsibilities.
  - Ensure proper internal controls are followed by Cardholders, Transaction Reviewers, and Administrative Support roles at all times.
  
- Manage Express Card roles and responsibilities for the department
  - Identify, evaluate, and approve the need for an Express Card based upon an employee's job requirements and purchasing needs.
  - Order, update or cancel Express Card accounts.
  - Ensure the transaction review is performed by someone not in a subordinate (direct report) role to the cardholder. This practice ensures appropriate controls are in place.
  - Ensure Transaction Reviewers are assigned to assist with transaction management when the Department Administrator has more than ten Express Card accounts.
  
- Monitor Express Card usage to ensure all purchases comply with Express Card, UC San Diego and state/federal policies
  - Verify **all** charges against the Cardholder's account is substantiated by proper and complete documentation. All transactions must have a receipt attached in the Attachment Tool.
  - Report continuous failure by a Cardholder to follow Express Card policy to the Express Card Program Team.
  - Alert the Express Card Program Team to possible Express Card abuse or misuse.

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Express Card Department Administrator Signature	Date
Department Administrator's Supervisor Signature	Print Name      Date
MSO or Department Business Officer	Print Name      Date