Complete form online, print, sign and submit

FLORIDA ATLANTIC UNIVERSITY PURCHASING CARD PROGRAM

# Reconciler/Approver Profile Information

Date: ___/___/___

| | ***PRIMARY:*** | ***SECONDARY***: |
|---|---|---|
| Name: | _____ | _____ |
| Z Number: | _____ | _____ |
| Vice President Unit: | _____ | _____ |
| College: | _____ | _____ |
| Department: | _____ | _____ |
| Business Address: | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| Phone: | _____ | _____ |
| Fax: | _____ | _____ |
| e-mail: | _____ | _____ |

* The individual(s) listed above is/are authorized to reconcile and approve Purchasing Card charges for the following Banner Indexes (attach add'l sheets if necessary):

* Dept/Area/Program to Approve: _____

Dean/Director/Chair Signature & Date: _____

Print Name & Title: _____

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Date of Approver Training: Primary: ___/___/___
Secondary: ___/___/___

Associate Card Administrator Approval: _____