

Harvard University / FAS

Purchasing Card Transaction Reviewer

(Note: this form is for reviewer only – no PCard will be issued)

Please print clearly and completely. Incomplete applications cannot be processed.

Reviewer's Name (First, Middle Initial, Last)		Title	
Harvard ID _____	School Faculty of Arts & Sciences	Department	
Business Mailing Address		e-mail address	
City, State, Zip Code		Business Phone Number ()	
Reviewer Signature		Date	

To be filled out by the Department Administrator

List (or attach) Cardholders to be included in view			
Security Group(s) (Leave blank: To be assigned by the Purchasing Card Administrator)			
Department Administrator's Printed Name / Signature		Business Phone Number (617) 49 -	
Purchasing Card Administrator's Printed Name / Signature Michael Jackson		Business Phone Number (617) 495 - 1526	
<u>Internal use only</u>			
Bank#: 2120 Agent#: 7001 Company#: 07001 Billing Div: _____ Billing Dept: _____ Rpt Lvl 1: 07001 Rpt Lvl 2: _____ Rpt 3: _____			

Forward Completed form to PCard Administrator, FAS Financial Office, Room 24

Purchasing Card Transaction Reviewer Application Instructions

Please print clearly and completely. Incomplete applications cannot be processed

This form is to assign or change reviewer-only responsibility. No Card will be issued.

After attending training, reviewers will be given access to the transactions of one or more cardholders on the PCard Settlement System.

Reviewers should complete the top portion of the form.

Department Administrators should complete the bottom portion of the form which identifies the cardholder(s) whose transactions this reviewer will have access to on the PCard Settlement System.

Forward the completed form to the PCard Administrator, FAS Financial Office, University Hall, Room 24.

This application must be signed by the Department Administrator and the Purchasing Card Administrator.