



# Purchasing Card Program SAM Access Form

New Access       Update Existing Access (Modify/Delete CA Profile)

The SAM Cardholder Administrator (CA) is the SAM user who does the following:

- Modifies transactions in SAM for himself and/or other cardholder(s) within his/her department by:
  1. assigning a different account number to a transaction than the one originally assigned to the card;
  2. splitting a transaction between one or more accounts; and
  3. assigning a more specific object code than the one originally assigned to a transaction.
- Reviews transactions in SAM to ensure accuracy and add description to transactions, if necessary.

The CA does not have to be an actual cardholder. Department heads, supervisors, budget administrators or an individual designated by the department head/PI can be a CA.

Please print clearly and completely. Incomplete applications will not be processed.

Name of Cardholder Administrator Address		Social Security #		Position/Title		CA Email	
Department Name			Div	Dean	Department #	Sub Dept	Office Phone #
							<b>PARIS Authorization Modify/Review</b>
CARDHOLDER(S) FOR WHICH CA IS RESPONSIBLE							
Name of Cardholder				Name of Cardholder			
1.				5.			
2.				6.			
3.				7.			
4.				8.			

### CARDHOLDER ADMINISTRATOR CERTIFICATION

**As Cardholder Administrator, I hereby certify that all modifications to the transactions for the above cardholder(s) are valid business expense for the assigned account(s) in accordance with University and Sponsored Agency policies.**

Signature of Cardholder Administrator \_\_\_\_\_ Date Signed \_\_\_\_\_

### DEPARTMENT HEAD/PI CERTIFICATION

**As Department Head/PI, I hereby give authorization to the individual mentioned above as CA to utilize the SAM system in order to make changes to transactions belonging to the cardholder(s) named above using only authorized accounts.**

Name of Department Head/PI \_\_\_\_\_ Position/Title \_\_\_\_\_

Signature of Department Head/PI \_\_\_\_\_ Date Signed \_\_\_\_\_

### PROGRAM MANAGER USE ONLY

Information Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Profile Setup: \_\_\_\_\_

Name <b>C. Hazel Burgess</b>		Office Number <b>(305) 284-2417</b>
Signature	Date Signed	Mail Application to: <b>Hazel Burgess, Manager Corporate Card Office Accounts Payable Department Gables One Tower, Suite 750, Locator 2978</b>