



Your community. Your college.

Purchase Card Authorization Form

Liaison Name: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Department: \_\_\_\_\_

Name to Appear on Card \_\_\_\_\_

Training Date: \_\_\_\_\_

Budget Manager Name: \_\_\_\_\_

Budget Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return completed form to  
The Purchasing and Contracting Office

# Yavapai College Banner Data Standards Manual

## APPENDIX 8 – Administrative Access Request Form

<b>Yavapai College Administrative Access Request Form</b> <b>All fields should be clearly printed except where noted for approval signatures.</b>	
<b>PART ONE: To be completed by Supervisor</b>	
Please attach supporting documentation of the job responsibilities and fund numbers as applicable. Indicate if access is inquiry or update. Forward the form to the appropriate Data Custodian. For more information see Data Standards Manual, Section 1.3 and 1.7.	
ACCESS REQUEST FOR: _____	TITLE: _____
DEPARTMENT: _____	CAMPUS ADDRESS: _____
EMAIL: _____	PHONE: _____
EMPLOYMENT STATUS: ___CONTINUING ___TEMP/STUDENT (EXP. DATE: _____)	
DOES THIS ACCESS MODEL A PREVIOUS EMPLOYEE? IF YES, NAME: _____	
ACCESS REQUESTED: ___NEW (No current access) ___ADD (additional access) ___REMOVE (as indicated) ___REMOVE ALL	
MODULES: CHECK ONLY ONE. COMPLETE ONE FORM FOR EACH MODULE NEEDED AS DATA ACCESS IS RESTRICTED BY THE ASSIGNED COLLEGE DATA CUSTODIAN.	
<input type="checkbox"/> ADVANCEMENT	<input type="checkbox"/> STUDENT-ACCOUNTS RECEIVABLE
<input type="checkbox"/> COGNOS REPORTING	<input type="checkbox"/> STUDENT-ADMISSIONS
<input type="checkbox"/> FINANCE	<input type="checkbox"/> STUDENT-HOUSING
<input type="checkbox"/> FINANCIAL AID	<input type="checkbox"/> STUDENT-REGISTRATION
<input type="checkbox"/> HUMAN RESOURCES	<input type="checkbox"/> SYSTEM IT SECURITY ACCESS
<input type="checkbox"/> PAYROLL	<input type="checkbox"/> OTHER (Specify) _____
Please describe the access needed and provide appropriate justification for this level of access. (List specific mnemonics, indicate Banner security profile name or employee match.)	
SUPERVISOR: _____	SIGNATURE: _____ DATE: _____
<b>PART TWO: To be completed by Data Custodian</b>	
BANNER ID: _____	
ASSIGN OR REMOVE BANNER CLASSES: _____	
_____	
_____	
DATA CUSTODIAN: _____	SIGNATURE: _____ DATE: _____
This person has received training specific to role(s) for this level of access by: _____ DATE: _____	

Version 1.  
17 Jan 2008

# *Yavapai College*

PURCHASING AND CONTRACTING OFFICE  
1100 East Sheldon Street, Prescott, AZ 86301  
(928) 776-2048 FAX (928) 776-2193

---

I, \_\_\_\_\_ (print name), as the purchasing liaison for \_\_\_\_\_ (department) have read and understand the District Purchasing Procedural Updates (06/03/08) for Unauthorized Purchases and Misuse of Purchase Card and understand the sanctions that will be placed on all violators.

I, \_\_\_\_\_ (print name), as the budget manager and supervisor of the above named liaison have read and understand the District Purchasing Procedural Updates (06/03/08) for Unauthorized Purchases and Misuse of Purchase Card and the sanctions that will be placed upon all violators; I will assist my liaison in upholding said procedures and will review and approve all purchases as needed.

\_\_\_\_\_  
**Cardholder Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Budget Manager Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**PLT Member Signature**

\_\_\_\_\_  
**Date**

# *Yavapai College*

PURCHASING AND CONTRACTING OFFICE  
1100 East Sheldon Street, Prescott, AZ 86301  
(928) 776-2048 FAX (928) 776-2193

---

**TO:** Purchase Card Users  
**FROM:** Purchasing and Contracting Department  
**SUBJECT:** Purchase Card Usage

I, \_\_\_\_\_ (print name), have read, understand and agree to the following (two pages) regarding the Yavapai College Purchase Card Program.

**Obtaining a Card:** The Department Budget manager may request a purchase card for their Requests for purchase cards must come from the department budget manager on behalf of the cardholder; the budget manager will complete a Purchase Card Authorization Form. Cardholders will be required to take training and pass annual tests on card usage.

**Card Holder Role:** The card is your responsibility. Do not allow other people to use your purchase card. **DO NOT CARRY THE CARD IN YOUR WALLET UNLESS YOU ARE USING IT THAT DAY; PLEASE KEEP THE CARD LOCKED IN A SAFE PLACE**

**Card Holder Limitations/Procedures:** The cards must be used in accordance with budget and contractual authority. Orders are limited to \$1000.

**Card Usage:** Card numbers may be provided to the vendor for electronic validation, via phone, fax or the internet. Cards may be used for vehicle rental, airline tickets and room rental when traveling, but cannot be used for per-diem expenses. **Services that require a W-9 cannot be paid with the purchase card.**

**Card Theft:** In the event your card has been lost or stolen, please notify Purchasing and Contracting immediately or contact the bank directly after hours; your card will be cancelled and a replacement issued.

**Unauthorized Charges:** Please contact the Purchasing and Contracting Department if you determine there are unauthorized charges on your account; charges can be disputed online. The Bank's Fraud Division handles all claims for unauthorized usage. The bank will contact the Purchasing and Contracting Office before authorizing unusual charges.

**Best Practices:** I understand that I am being entrusted with Property of Yavapai College. When making financial commitments on the behalf of YC, I will strive to obtain the best value for the College. I will not purchase items on the card that are over the dollar limits set by YC without prior approval from my Budget

Manager and the Purchasing Department. I will follow established policy, procedure and process for using the Purchasing Card as defined by YC.

**Yavapai College Business:** I understand and agree that I will use the Purchasing Card only to make purchases at the request of and for the legitimate business of YC. All Purchase Card purchases must be delivered to the YC campus; no home deliveries allowed. Failure to do so on my part may result in revocation of my use/privileges and other disciplinary action, up to and including termination of employment and/or other legal action. I understand and agree that I will be held accountable for the inappropriate use of the Purchasing Card, in any form or manner and should I willfully violate the terms of this agreement, I will reimburse the College for all incurred charges and any fees related to the collection of those charges. I authorize YC to withhold funds from my paycheck for any unauthorized charges and fees.

**Training and Testing:** I understand and agree that continued use of the purchase card is contingent on attending required training sessions, passing annual purchase card testing, reviewing and learning new procedures and following all procedures set by the Purchasing and Contracting Department.

**Required Reporting:** Monthly reports will be submitted for review by Accounts Payable in a timely manner and yearly reports (Department Purchase Log) submitted for review by the Purchasing Department.

\_\_\_\_\_  
Department

\_\_\_\_\_  
Liaison Number

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Budget Manager Approval

\_\_\_\_\_  
Date