



ORGANIZATION NAME _____ **ORGANIZATION NUMBER** _____

RESPONSIBLE CARDHOLDER INFORMATION

FIRST NAME: _____ **LAST NAME:** _____
EMPLOYEE ID: _____ **BLAZER ID:** _____
EMAIL ADDRESS: _____ **CAMPUS PHONE:** _____
CAMPUS MAILING ADDRESS: _____

Card Management Software (CMS) Proxy* (responsibility defined in table)

First Name	Last Name	Blazer ID	Employee ID

*Minimum of one required

Card Management Software (CMS) Approver (responsibility defined in table)**

First Name	Last Name	Blazer ID	Employee ID

**Minimum of two required

_____	_____	_____
Responsible Cardholder Name (Print)	Responsible Cardholder Signature	Date
_____	_____	_____
VP/Dean/Director/Department Head Signature	Date	

Roles – Organization Card

Type*	Role	CMS Login Required
User	Responsible for securing all required documentation for card purchases	No
Proxy	Responsible for card transaction management: Receipt upload Expense allocation Business purpose Submit transaction for organization approval	Yes
Approver (Organization)	Review transaction for approval	Yes
Approver (Central)	Review transaction for approval	Yes

*Organization card proxy may not be an approver. Each transaction requires two distinct organization signatures.

Complete form, sign and return to pcardservices@uab.edu.