

STARS User Information Form

Printed Name _____
 Department _____
 Email _____

Last 4 Digits of Card Number _____
 Phone _____
 Alternate Contact _____

I. Please list all cards (including your own) that you will be responsible for doing data entry and reconciliation activities:

<u>Printed Cardholder Name</u>	<u>Last 4 Digits of Card Number</u>	<u>Cardholder's Signature Approval</u>
_____	____-____-____-____	_____
_____	____-____-____-____	_____
_____	____-____-____-____	_____
_____	____-____-____-____	_____

(Please attach additional information if space is needed.)

II. Please list all cards that you wish to have inquiry access only (NO data entry):

<u>Printed Cardholder Name</u>	<u>Last 4 Digits of Card Number</u>	<u>Cardholder's Signature Approval</u>
_____	____-____-____-____	_____
_____	____-____-____-____	_____
_____	____-____-____-____	_____
_____	____-____-____-____	_____

(Please attach additional information if space is needed.)

III. If you are wishing to have an exception from doing your own data entry, please mark the reason below:

- I make fewer than ten purchases a year.
- Neither I nor anyone in my department have convenient access to a computer.
- Other (please explain) _____

Approved Disapproved

 Associate Vice President for Finance

 Cardholder (User) Signature

 Immediate Supervisor Signature

 Spending Unit Budget Officer Signature

 Dean or Vice President Signature