REVIEWER SETUP APPLICATION

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| **ACTION**: **CHECK ONE PLEASE** **NEW ACCOUNT** **CHANGE USER’S ACCESS** **CLOSE/TERMINATE USER’S ACCESS** | Arkansas Department of Finance & Administration Office of State Procurement/Credit Card Section |

# REVIEWER INFORMATION – This section is to be completed by Agency

|  |  |  |
| --- | --- | --- |
| **Last Name** | **First Name** | **Middle Initial** |
| **Agency Name**  |  | **Business Area** |
| **Business Mailing Address** | **Phone Number** |
| **City** | **State** | **ZIP Code** |
| **Email Address**  | **USER ID (must be 7-20 character in length)**  |
| Section B – System Access - This section is to be completed by Agency |
| **Authentication Question (Please check only one)** | **Response to Authentication** |
|  | **Mother’s Maiden Name** |  |
|  | **Father’s Middle Name** |  |
|  | **Birth Place** |  |
|  | **Favorite Sports Team** |  |
|  | **Pet’s Name** |  |
| **Type of Role Needed** |
|       | **Viewing Only(PAV001) – (no editing allowed)** |
|       | **Review and Edit Transactions online(PAS004)** |
| **ACCOUNT** |
| **TYPE OF ACCOUNT:****P-CARD****T-CARD****CTS ACCOUNT** | **Account Numbers(s)** | **AGENCY NAME AND NAME ON ACCOUNT** |
| **(EXAMPLE) P-CARD**  | **1234** | **DFA** | **John Doe** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |
| (Employee Applicant Signature/Date) |  | (Approving Manager Signature/Date) |
|  |  |  |
| Section C – US Bank Information This section is to be completed by DFA-OSP Credit Card Personnel |
| Functional Entitlement Group      | Date Completed      |  |
| DFA/OSP Administrator/Coordinator Signature      | Date Scanned into System      |  |

**Please email all completed applications to** **creditcards@dfa.arkansas.gov**

**Revision October 2012**