**APPENDIX A-2**

**ACCOUNT REVIEWER ACCESS REQUEST**

**Reviewer(s) –** Person(s) authorized to review and approve Purchasing Card Records.

|  |  |
| --- | --- |
| Date of request: |  |
| Cardholder Name: |  |
| Department: |  |

**TYPE OF REQUEST**

|  |  |  |
| --- | --- | --- |
|  | Add Reviewer – Please read and complete Reviewer information under Adding Reviewer(s) | |
|  | Remove Reviewer(s) |  |

Adding Reviewer(s):

Review(s): I certify that I will review the purchasing card transaction biweekly to ensure that receipts for all transactions are filed, the statements have been reconciled, all transactions have been accurately recorded, and are allowable, appropriate, and authorized charges. I also understand and will perform the duties of reviewer as detailed in the UW System Purchasing Card Policy and Procedure Manual, a copy of which is provided online at <https://www.wisconsin.edu/financial-administration/special-topics/purchasing-cards/>.H

UStatement of Understanding

I understand that, pending all approvals, I will be given access to information contained in campus administrative and/or academic computer systems solely for the purpose of fulfilling my official job duties. I agree to keep all information in a manner that is appropriate to its content and to keep any personally identifiable information confidential, kept out of public view, and stored in a secure location/form whether it is in paper copy, contained in software, visible on screen displays, in computer readable, or any other form.

I understand I am solely responsible for my use of this information, including its disclosure to others. I, therefore, agree not to re-disclose or provide access to this information except as authorized by my job duties and in compliance with federal and state laws and campus policy. Neither curiosity nor personal relationships provide a basis for any breach of confidentiality.

By signing the Account Reviewer Access form, I acknowledge I am the only authorized user of the assigned Purchasing Card account(s), and that I will take steps to maintain the security, confidentiality, and integrity of any information accessed by me. These steps include protecting the confidentiality of my password to ensure others may not use it to access my account.

I understand providing information for unauthorized uses or otherwise violating campus confidentiality policies relating to the information may result in disciplinary action, including my dismissal and prosecution under applicable federal or state laws.

By signing this form, I verify that I have read and understood this form, and agree to comply with its contents.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Reviewer Information** | | | | | |
| Name: |  |  | Name: |  |  |
| Phone Number: |  | Phone Number: |  |
| Email: |  | Email: |  |
| Signature: |  | Signature: |  |
|  | | | | | |
| \*If adding more than two Reviewers, please fill out additional forms. | | | | | |
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| Approved by: |
|  |
| Department Name/Title (Print or Type) |
|  |
| Department Signature/Date |

**Once completed, send this request to the campus PCPA.**