

# TRANSACTION AUTHORIZATION CARD (TAC) REQUEST

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

- New** (requesting a new card; never had one before)
- Delete** (no longer need card, or terminated employee) Supervisors please collect and destroy card.
- Replace (Reason:** lost or misplaced card, renewal) \_\_\_\_\_
- Change (Reason:** name change, limit change, ORG change) \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Penn ID:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Department Name:** \_\_\_\_\_

**CNAC:** \_\_\_\_\_ **ORG/ORG Range:** \_\_\_\_\_

**Campus Address:** \_\_\_\_\_ **Mail Code:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Authorization Limit:** \$ \_\_\_\_\_

By signing this form, the above-mentioned TAC holder acknowledges that they will follow all University Financial Policies relating to each transaction they authorize. Please refer to the following link for Financial Policies: <http://www.finance.upenn.edu/vpfinance/fpm/>

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TAC Holder Signature

By Signing this form, the School/Center TAC Coordinator acknowledges that he/she has read the "Transaction Authorization Card Process Description" and has determined that the issuance of this card and the dollar limit is appropriate.

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School/Center TAC Coordinator Name (Print)	School/Center TAC Coordinator Signature	Date
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*PLEASE NOTE: ONLY EXEMPT, FULL-TIME EMPLOYEES ARE ELIGIBLE FOR TRANSACTION AUTHORIZATION CARDS.*

**Picked up by:** \_\_\_\_\_ **Penn ID:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return to: Jasmine Benns, Comptroller's Office, 3<sup>rd</sup> Floor Franklin Building/6284** 2/28/2017