

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/>

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.

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, 3rd Floor Franklin Building/6284 2/28/2017