**Payment Card Modification Request**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department Name & Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**All Cards will be used in accordance as noted:**

The Columbia University Prepaid card will be used for the IRB approved compensation of research subjects and clinical trial participants for any compensation or reimbursement of travel or other expenses which they may incur.

**Authorized Payment Card Roles:**

1. **Payment Hierarchy Administrator:** Description:  A full-time salaried officer of Columbia University who has been assigned approval authority over inventory ordering and reconciliation for their respective hierarchy locations within PCS.  This is the primary contact that will sign-off and authorize all of the Inventory and Funding requests

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| --- | --- | --- | --- |
| **Name** | **UNI** | **Phone** | **Signature** |
|  |  |  |  |
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1. **Payment Card Custodian:** Description – A full-time salaried officer of Columbia University responsible for ordering card stock, performing inventory reconciliations, and distributing and securing card stock.

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| **Name** | **UNI** | **Phone** | **Signature** |
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**REMOVE: Authorized Payment Card Roles**

*Complete this section only for any removal of the authorized users within the Department.*

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| --- | --- | --- |
| **Role to Remove** | **Name** | **UNI** |
|   |   |  |
|   |   |  |

**Dept. PayCard Administrator Approval Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Modification Reason:**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**PayCard Administration Authorization**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Notes: