

Boston University Purchasing Card Program

SAM Administrator Application

Use this form to obtain permission to oversee and/or edit the transactions of cardholders in your area.
This does not include permission to make purchases with the pcard of another staff member.

Unit/Department Name(s): _____

Unit/Dept Account #'s: _____

Administrator's Name (First, Middle Initial, Last):	
Office Mailing Address:	BU ID#:
	Office Phone #:
City, State, Zip Code:	Fax #:
Administrator's Position:	Email address:
Administrator's Signature:	Date Signed:
School/College/Unit Financial Officer*:	E-mail Address:
School/College/Unit Financial Officer's Signature:	Date Signed:

*Authorized signer in the business unit to whom your department reports financially. E.g., CAS Finance office, SDM Dean's office, administrative Dean or VP.

Please mail or fax the completed application to:

Charles River Campus:

PCard Program Administrator

BU Sourcing

985 Commonwealth Ave., Room 210

Boston, MA 02215

FAX: 617-353-5384