



Travel Credit Card Proxy and Chartfield Request

Do not mail to the BSC. This is for agency internal use only.

Section 1: Employee Information

First Name		MI	Last Name	Title/Department	
Agency GLBU	Employee ID Number		Email Address		Work Phone Number - -
Official Station - Street Address/5 Digit ZIP Code					Last 4 Digits of Travel Card
Justification for Change					
Employee Signature				Date	

Section 2: Proxy/Chart of Account Update

Change Requested (check all that apply)

SFS Supervisor Change →	Add: <u>User ID</u> →	Delete: <u>User ID</u> →
	<u>N#</u> →	<u>N#</u> →
SFS Proxy →	Add: <u>User ID</u> →	Delete: <u>User ID</u> →
	<u>N#</u> →	<u>N#</u> →
	Add: <u>User ID</u> →	Delete: <u>User ID</u> →
	<u>N#</u> →	<u>N#</u> →

Cardholder Default Accounting Distribution Change (Chartfield)

GL Business Unit	Department Code*	Program*	Fund*	Operating Unit*
Chartfield 1	Chartfield 2	Chartfield 3	Budget Reference	PC Business Unit
Project ID	Activity ID	Class	Product	
Affiliate	Fund Affil			

Section 3: Approvals

_____ Employee's Supervisor's Name	_____ Employee's Supervisor's Signature	_____ Date
_____ Credit Card Liaison Name	_____ Credit Card Liaison Signature	_____ Date