

Record Manager Designation Form

Name Employee #

Address Net ID #

Phone E-Mail

I authorize this person to be the Record Manager for the following areas:

Department #

--	--	--	--	--

Special Request _____

I understand that this person will be given access to KFS to reallocate the Procurement Card charges to the appropriate account(s).

Cardholder Name

Dean or Department Head Signature Date

* If this person is not an KFS operator, please fill out a Request for Access to KFS form

Record Manager Acknowledgment

I acknowledge receipt of all applicable training materials and my attendance at the mandatory training session and agree to execute my responsibilities as the Record Manager for _____
Department Name
in accordance with the procedures outlined in these materials.

Signature of Record Manager Date

Note: One of these forms must be submitted for each cardholder participating in the Procurement Card Program prior to card distribution.