

INSTRUCTIONS FOR COMPLETING
Reviewer and/or Allocator Setup Application

Section A – Action: * Required Field

- Place a check mark or an X in the appropriate box needed
NEW ACCOUNT – Complete Sections B, C, D
CHANGE USER'S ACCESS – Complete Section B, Section C (Section D or D1 if applicable)
CLOSE/TERMINATE USER'S ACCESS – Complete Section B

Section B – Reviewer Information: *Required Fields

- Enter Employee Information
- Business Area Number – four digit business area number (example: 0610)
- Agency Business Address, Phone number, Email address
- USER ID – * Required Field
- Requesting reviewer will need to choose a user ID 8-20 characters in length

Section C – Type of Role Needed *Required Field

- Viewing Only (PAV001) This role is for VIEWING ONLY – No editing is allowed
- Reporting Only (REP001) This role is to run REPORTS Only on US Bank Web site
- Review and Edit (PAS004) this role allows the reviewer to review, edit (accounting code information (such as cost center, general ledger information, internal order and run reports) on the transactions for their designated agency.

Section D: Account Access for specific cardholder account(s)

- If the reviewer needs access to specific cardholder account(s), you will need to fill in the fields indicated below:
 - (a) Add or Delete Account (adding or deleting an account)
 - (b) Type of Account – (p-card account; t-card account; cts account)
 - (c) Last four digits of card number
 - (d) Name on card account

Section D1: Access for Managing Accounts

- If the reviewer needs access to all card accounts for your agency you will need to fill in the fields indicated below:
 - (a) Add or Delete Account (adding or deleting an account)
 - (b) Type of Account – (p-card account; t-card account; cts account)
 - (c) Last four digits of managing account number
 - (d) Managing Account Name
 - (e) Bank – 4 digit number p-card accounts (1425); travel card accounts (3046)
 - (f) Agent – each organization has a unique (4 digit) number (assigned by US Bank)
 - (g) Company number –each organization has a unique (5 digit) number (assigned by US Bank)

If your agency assigns or uses Division's and/or Department numbers you will also need to fill in the fields indicated below:

- (h) Division – 5 digits number that is associated with cardholder account
 - (i) Department – 4 digits number that is associated with cardholder account
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- Employee Applicant Signature/Date *Required
 - Approving Liaison Signature/Date *Required
 - Approving Manager Signature/Date *Required



REVIEWER/ALLOCATOR SETUP APPLICATION

Arkansas Department of Finance & Administration Office of State Procurement

Section A: Action : *Required Check One Box

- NEW ACCOUNT – Complete Sections B, C, D or D1
- CHANGE USER'S ACCESS – Complete Section B, (Section D or D1 if applicable)
- CLOSE/TERMINATE USER'S ACCESS – Complete Section B

Section B: Reviewer Information *Required Fields (This section needs to be completed by applicant)

*Last Name	*First Name	*Middle Initial	*Agency Business Area (4 digit)
*Agency Name		*Business Mailing Address	
*City	*State AR	*ZIP Code	*Phone Number
* Email Address		*USER ID (must be 8-20 character in length)	

Section C: Type or Role Needed * Required (This section is to be completed by Agency Liaison)

<input type="checkbox"/> Viewing Only (PAV001) – (no editing allowed)	<input type="checkbox"/> Reporting Only (REP001) Access to run reports
<input type="checkbox"/> Review and Edit Reallocate Transactions online (PAS004)	

Section D: Access For Specific Cardholder Accounts (This section is to be completed by Agency Liaison)

*(a) Add or Delete Account	*(b) TYPE ACCOUNT:	*(c) LAST 4 DIGITS ON CARD	*(d) NAME ON CARD ACCOUNT

Section D1: Access for Managing Accounts (all accounts) OR Specific Accounts Assigned to Division and/or Departments (This section is to be completed by Agency Liaison)

*(a) Add or Delete Account	*(b) Type of Account P- Card; T- Card/CTS	*(c) Last Four Digits of managing account	*(d) Managing Account Name	*(e) Bank 4 Digits	*(f) Agent Number 4 Digits	*(g) Company Number 5 Digits	*(h) Division Number 5 Digits	*(i) Dept. Number 4 Digits

I understand and accept full responsibility as an Agency Reviewer to review and/or reallocate all accounts assigned to me and verify all transactions have been approved on a weekly basis.

*Employee Signature:	*Date:
*Liaison Name:	*Date:
*Approving Manager Name:	*Date:
*Liaison Signature:	*Date:
*Approving Manager Signature:	*Date:

DFA CREDIT CARD SECTION USE ONLY:	
Signature	Date Completed