**Duke ClinCard System**

**Site Approver Request Form**

The purpose of this form is to assign or remove Approver roles for the Duke ClinCard System. All users must complete appropriate training in the LMS prior to the form being submitted. Training should be coordinated through your Site Administrator or Business Manager. Department or Division Business Manager approval and signature are required.

**Role Description**

Approver – Access to approve or deny payment requests

Department Name

Division/Cluster (required - if applicable)

Add

Remove

Effective Date

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Duke Unique ID** | **Date Training Completed** | **Proof of Completion Attached** |
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Requestor Name Requestor Signature Date

Authorized Name and Title Authorized Signature Date

Please submit this completed form to Employee Travel and Reimbursement at [ClinCard Requests@duke.edu](mailto:ClinCard%20Requests@duke.edu)