



DATE: _____

TO: Self-Service Store (SSS) Charge Card Program Manager
Division of Logistics Services

FROM: Budget Officer,

SUBJECT: Common Accounting Number (CAN) Approval for SSS Charge Cards and
NIH Business System (NBS)

I acknowledge and approve the following CAN(s) to be added to the SSS Charge Card and NBS
file for the Fiscal Year

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The OD/IC Executive Officers or designated Card Custodians are responsible for the SSS charge
card accountability, and for ensuring the authorized use of items purchased.

For tracking and control purposes, a signature is required to obtain approval and authorize
changes to the NBS.

Thank you for your continued patronage of the NIH Self-Service Supply Stores.

Signature: _____

Print Name: _____

Position Title: _____

OD/IC: _____