



UNIVERSITY OF FLORIDA

University of Florida Purchasing Card Program Authorized Third Party Release Form

Date: _____

To Whom It May Concern:

I _____ hereby authorize _____
Cardholder Name Person to pick up Pcard

to pick up my Visa Purchasing Card on my behalf. I understand that I am responsible for my Visa Purchasing Card from the time it is picked up from Central Purchasing.

Authorizing Signature of Cardholder

Date

Signature of Person Picking up Card

Date