

PCARD APPLICATION

Send to: PO Box 115250 or Fax 352-392-0081

<input type="checkbox"/>	New	<input type="checkbox"/>	Update:	
<input type="checkbox"/>	Change Name From:			
CARDHOLDER INFORMATION				
Name:				
UFID:				
Title:				
Email:				
Phone:				
Training Dates:	Commodity:		Travel:	
DEPARTMENT INFORMATION				
Department Name:				
Business Unit:				
Default Chartfield Information:	DeptID:		Fund:	
	Program:		Source:	
CARD TYPE				
<input type="checkbox"/>	Commodities Only - <i>For non-asset commodity items</i>			
<input type="checkbox"/>	Commodities & Travel - <i>As above and business related travel</i>			
<input type="checkbox"/>	Gas Only - <i>For UF, State, rental vehicles only</i>			
<input type="checkbox"/>	Other - <i>Attach explanation</i>			
LIMITS <i>(per transaction/per month)</i>				
<input type="checkbox"/>	\$50 / \$500	<input type="checkbox"/>	\$1,000 / \$5,000	
<input type="checkbox"/>	\$100 / \$1,000	<input type="checkbox"/>	\$1,000 / \$10,000	
<input type="checkbox"/>	\$2,000 / \$5,000	<input type="checkbox"/>	\$2,000 / \$25,000	
<input type="checkbox"/>	\$2,000 / \$10,000	<input type="checkbox"/>	Other: attach justification	
Internal Use:	Ordered/updated:	PS:	LS:	Notice:

VERIFIERS/APPROVERS				
Primary Contact:		Phone:		
Proxies should read the Who Should be the Approver Guide: http://www.erp.ufl.edu/training/docs/TheApproverRoleInstructionGuide.pdf				
Approvers (two are required)				
Name:		UFID:		
Signature:				
Name:		UFID:		
Signature:				
Name:		UFID:		
Signature:				
Verifiers				
Name:		UFID:		
Signature:				
Name:		UFID:		
Signature:				
Dean, Director, Department Chair Approval				
I understand my responsibilities as they relate to the Purchasing Card and I have read and understand the "PCard Guidelines for Deans, Directors and Department Heads" http://www.purchasing.ufl.edu/main_purchasingcardsDDD.asp and the "Who Should Be the Approver" Instruction Guide.				
Name:		Title:		
Signature:		Date:		
Internal Use:	Ordered/updated:	PS:	LS:	Notice:

INSTRUCTIONS

NEW: First time cardholders

UPDATE: Change existing card, i.e. transfer, card type, limits.

CHANGE NAME FROM: Name currently on file.

CARDHOLDER INFORMATION

NAME: First, MI, Last or as the person signs their name.

UFID: Employee's UF identification number

EMAIL: Cardholder's business email address.

PHONE: Cardholder's telephone number.

PO BOX: UF post office box number.

TRAINING DATES: Dates the applicant completed the Online PCard Certification Training session(s).

DEPARTMENT INFORMATION

DEPARTMENT NAME: The name of the department which will govern the use of the card.

BUSINESS UNIT: The eight digit department identifier.

CHARTFIELD STRING: This information will default into the distribution fields for reconciliation of transactions. Information can include Fund, Program, Source and/or other data as might be needed. If cardholder is from a DSO include the GL Unit.

CARD TYPE *(right click to check the appropriate box)*

COMMODITIES ONLY: Card can only be used to non-asset purchase of goods and supplies.

COMMODITIES AND TRAVEL: Same as above plus travel related vendors (hotel, airlines, car rental).

OTHER: Used if cardholder will have unusual or specific purchasing needs. A justification must accompany the application.

LIMITS *(right click to check the appropriate box)*

Select the lowest limits which will best meet the needs.

Amounts given are single transaction followed by monthly limit.

VERIFIERS/APPROVERS (aka proxy)

All proxies are required to complete the Online PCard Certification Training annually. Proxies should read "Who Should be the Approver Guide":

<http://www.erp.ufl.edu/training/docs/TheApproverRoleInstructionGuide.pdf>

PRIMARY CONTACT: Who should be contacted if the cardholder can not be reached.

VERIFIERS: Those who enter the accounting information for the reconciliation of transactions. Verifiers are not required.

APPROVERS: A minimum of two are required. Those who have authority to commit funds.

Proxy Name: List the names of those who will be processing the cardholder's charges.

UFID: The proxy's UF identification number.

DEAN, DIRECTOR, DEPARTMENT CHAIR

Include the name and signature of the person with authority over the dept, division, or college. This should be the person with budget authority over the primary funding source.