

PCARD PROGRAM
Verifier/Approver Profile Form

Submit completed form to: PCard Administrator Box 115250 or fax 352-392-0081

Name: _____ **UFID:** _____

Title: _____ **Dept Name:** _____

Email: _____ **Phone:** _____

Training Dates: _____ **Commodities** _____ **Travel** _____

All reconcilers/approvers must take the Online PCard Certification training available on the PCard website at: http://www.purchasing.ufl.edu/main_purchasingcards.asp

Business Unit: _____

ACTION: New Update

ROLE: (Select one)

- Approver:** Requires PeopleSoft role UF_PO_PCARD_APPROVER
 - Reconciler:** Requires PeopleSoft role UF_PO_PCARD_RECONCILER
-

CHARGES FOR: (Select one)

- All Cardholders in the Business Unit – applies to current cardholders only
- Specific Cardholders only – include list of cardholders and their UFIDs.

Reconciler/Approver Statement:

I understand my responsibilities as they relate to processing PCard charges; have read and understand the PCard Certification Training; have read and understand the “Who Should Be the Approver” Instruction Guide; will process charges within eight days; and I will contact the PCard Team should I have any problems with transactions and/or cardholders.

Signature _____ **Date:** _____

DDD Approval:

I understand my responsibilities as they relate to the Purchasing Card and have read and understand “Who Should Be the Approver” Instruction Guide.

Dean, Director, or Dept Chair _____

Signature & Date: _____