

**PCARD PROGRAM**  
**Verifier/Approver Profile Form**

Send completed form to PO Box 115250, pcard@ufl.edu, or fax 392-8837

**Name:** \_\_\_\_\_ **UFID:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Dept Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Training Dates:** PST975 \_\_\_\_\_ PST076 \_\_\_\_\_ PST 077 \_\_\_\_\_ PST978 \_\_\_\_\_ or PST 974 \_\_\_\_\_  
*All reconcilers/approvers must complete the Online PCard Certification training every two years.*

**Business Unit:** \_\_\_\_\_ *Cardholder(s) Business Unit*

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**ACTION:**    New     Update  \_\_\_\_\_    Delete

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**ROLE:** (Select one)

- Approver:** Requires PeopleSoft role UF\_PO\_PCARD\_APPROVER
  - Reconciler:** Requires PeopleSoft role UF\_PO\_PCARD\_RECONCILER
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**CHARGES FOR:** (Select one) *Applies only to current cardholders.*

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

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**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 15 days; and I will contact the PCard Team should I have any problems with transactions and/or cardholders.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**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:** \_\_\_\_\_