

# myUF Market Cardholder Permission Form



Cardholder Name: \_\_\_\_\_ UFID: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Department ID/BU: \_\_\_\_\_

This form is to be used by cardholders to authorize another UF employee to shop in myUF Mark using their PCard as a payment method.

**This form must be submitted annually.** Submission Date: \_\_\_\_\_

## CARDHOLDER APPROVAL:

- ◆ By signing below I approve the following individual to make purchases in myUF Market using my PCard as a payment method.
- ◆ I understand this applies only to purchases made within myUF Market and at no other time will I allow anyone else to use my PCard.
- ◆ The person listed below does not approve my PCard charges.
- ◆ I will notify the PCard Team when this person's access is no longer needed.

Signature: \_\_\_\_\_

## REQUESTOR ACCEPTANCE:

- ◆ By signing below I affirm that I have completed PST077 PCard for Commodity training and understand my responsibilities as they relate to PCard use.
- ◆ I am not an approver for this cardholder's PCard charges.
- ◆ All myUF Market purchases will be for qualified business purposes only.
- ◆ I will notify the PCard Team when I no longer need access to this account.

Signature:			
Requestor Name:		UFID:	
Email:		Phone:	
I completed PST077 PCard for Commodity on:			

*All PCard participants must take the Online PCard Certification Training every two years. Register for the training via myUFL >My Self Service > Training and Development >Request Training Enrollment*

**Send this form to PCard Team, [pcard@ufl.edu](mailto:pcard@ufl.edu) or fax it to 352-392-8837**