



PCard Application

Email to pcard@ufl.edu
Or fax to 352-392-8837

New:		Transfer from BU:		Update:		Name change:	
------	--	-------------------	--	---------	--	--------------	--

EMPLOYEE INFORMATION								
UFID:		Name:						
Email:				Title:			Phone:	
Address:	Line 1:				Dept. Contact:			
	Line 2:				Contact email:			
	City:				State:		Zip:	
Training:	PST975:		PST076:		PST077:		*PST974 (updates):	

DEPARTMENT INFORMATION							
BU (four digit):		Department Name:					
Chartfield:							
	<i>GL Unit</i>	<i>Dept. ID</i>	<i>Fund</i>	<i>Program</i>	<i>Account</i>	<i>Source</i>	<i>Other</i>

CARD TYPE	
	Commodities & Travel
	Commodities
	Gas Only
	Other – attach justification
SPENDING LIMITS	
Single	Monthly
\$100	\$500
\$500	\$1,000
\$1,000	\$5,000
\$2,000	\$10,000
	\$25,000
	Other Limits – attach justification

VERIFIERS/APPROVERS			
Verifier	Approver	UFID	Name
Shared Service Center:			

DEAN, DIRECTOR, DEPARTMENT HEAD APPROVAL			
I understand my responsibilities as they relate to the PCard and have read and understand the “Who Should be the Approver” guide located on UF Identity & Access Management website http://identity.it.ufl.edu/			
Name:		Signature:	
Title:		Date:	

<i>Internal Use Only</i>	<i>PS:</i>		<i>Ordered/Updated</i>		<i>LS:</i>		<i>Approved:</i>		11/2014
--------------------------	------------	--	------------------------	--	------------	--	------------------	--	---------

INSTRUCTIONS

NEW: For first time cardholders

TRANSFER FROM BU: Enter the four digit BU the cardholder is transferring from.

UPDATE: For changes existing cards, i.e. change to limits, card type. To change approvers use the Verifier/Approver Profile form.

CHANGE NAME FROM: Enter the name currently on the card.

EMPLOYEE INFORMATION

UFID: Applicant's UF employee identification number.

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

EMAIL: Applicant's UNIVERSITY email address – required.

TITLE: Applicant's title as it appears in myUFL.

PHONE: Applicant's telephone number.

ADDRESS: The street address that the card should be delivered to.

DEPT. CONTACT: Who should be contacted in the applicant's absence.

TRAINING DATES: Dates the applicant completed the Online Training.

- » **PST975 What Every PCard Holder Needs to Know** - Required for all cardholders.
- » **PST076 PCard for Travel** – Required for all cardholders who will make travel purchases.
- » **PST077 PCard for Commodities** – Required for all cardholders.
- » ***PST974 PCard Refresher for Cardholders** – For current cardholders in lieu of PST975, PST076, and PST077.

DEPARTMENT INFORMATION

BU: The four digit department identifier.

DEPARTMENT NAME: The name of the department requesting card.

CHARTFIELD: This will default into the distribution fields for reconciliation of transactions. Choose the chartfield string that would be used for the majority of purchases. The chartfield string must be valid.

CARD TYPE

COMMODITIES AND TRAVEL: The card will be used to purchase supplies and services as well as allowable travel related expenses while on official UF business.

COMMODITIES ONLY: The card will only be used for purchase of supplies and services.

GAS ONLY: The card can only be used for the purchase gasoline for UF, State, and rental vehicles.

DOCE/SGA: For funds 0408 and 520X

OTHER: If cardholder will need to make unusual or restricted purchases attach a letter of justification.

LIMITS: Select the lowest limits which will best meet the applicant's needs.

VERIFIERS/APPROVERS

List those individuals who will process charges in myUFL. Verifiers/Approvers must have completed the required PCard training and should read "Who Should Be the Approver?"

<http://www.it.ufl.edu/myufl/security/documents/TheApproverRoleInstructionGuide.pdf>

Select the function the individual will perform.

VERIFY: Those who enter accounting information but do not actually commit funds. Verifiers are not required. If the cardholder will be a self-verifier their name should be list here.

APPROVE: These employees must have the authority to commit funds and the UF_PCARD_APPROVER security role. A minimum of two are required.

UFID: The proxy's UFID. *For DSOs enter the person's DSO ID, not their UFID.*

Name: List the names of those who need access to process the cardholder's charges.

Share Service Center: If applicable, enter the name of the departments' Shared Service Center

DEAN, DIRECTOR, or DEPARTMENT HEAD: Include the name and signature of the person with fiscal authority over the dept., division, or college. Electronic or stamped signatures are not allowed.