DATE: **Click here to enter a date.**

CARDHOLDER NAME: 

USF GEMS EMPLOYEE ID: 

ACTION REQUESTED:  **CLICK to choose an item**

TYPE OF CHANGE REQUESTED:  **CLICK to choose an item for limit increases CLICK to choose an item**

IF TEMPORARY INCREASE: DATE FROM: **Click here to enter a date.** DATE TO:  **Click here to enter a date.**

FORM PREPARED BY: 

ACADEMIC /ADMINISTRATIVE UNIT:

DEAN/DIRECTOR: 

DEPARTMENT: 

CAMPUS MAILCODE**:**PHONE:FAX:

EMAIL: 

CARD USE:  **CLICK to choose an item**

DEFAULT CHARTFIELD #’S: OU**-**FUNDDEPTPRODINT

REQUESTED MONTHLY LIMIT: $SINGLE TRANSACTION LIMIT: $

Note 1: USF PCard Policy 5-026 allows $5,000 monthly and $2,000 single or less.

PRIMARY RECONCILER NAME: 

FAST USER ID: 

BACKUP RECONCILER NAME: 

FAST USER ID: 

Note 2: Additional reconcilers may be added as needed by listing on a separate page.

AREA VP/DELEGATE/DEAN/ACCOUNTABLE OFFICER/DIRECTOR (\*) SIGNATURE:

SIGNATURE: 

PRINT NAME AND TITLE: 

PCARD ADMINISTRATOR SIGNATURE:DATE:

**Print, Sign, and Email the completed form to: pcard@usf.edu**

**FILL OUT PAGE 2 FOR LIMIT INCREASES ONLY**

**LIMIT INCREASE JUSTIFICATION (ATTACH ADDITIONAL SHEETS IF NEEDED)**



CARDHOLDER SIGNATURE: DATE:

DEPT. HEAD NAME: 

SIGNATURE: DATE:

AREA VP/DELEGATE NAME: 

SIGNATURE: DATE:

PROVOST AREA SIGNATURE: DATE:

PURCHASING DIRECTOR SIGNATURE: DATE:

CONTROLLER SIGNATURE: DATE: