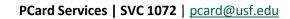


Website: www.usf.edu/pcard

USF Purchasing Card Program Cardholder Profile Information

DATE OF REQUE	ST:							
ACTION C	lick for Option	S TYPE OF CHG REQUEST	Click fo	r Options	TYPE OF INCREASES:	lick for Options		
EMPLOYEES ACADEMIC/ADMINISTRATIVE UNIT & DEPARTMENT:								
EMPLOYEES NAME: (Address and date of birth information will be included in the application)								
EMPLOYEES DATE OF BIRTH:			EMPLOYE	EMPLOYEES GEMS ID:				
EMPLOYEES EMAIL ADDRESS:								
EMPLOYEES BUSNESS PHONE #:ADD'L PHONE #:								
EMPLOYEES HOME MAILING ADDRESS:								
LIVII LOTELSTIO	IVIE IVI/ (IEIIVO / IDI							
		Please include a	any apartment	, building, or t	unit numbers.			
Click for Options CARD USE:								
REQUESTED LIMITS: MONTHLY: SINGLE TRANSACTION LIMIT: Note: All new cards are ordered with the standard limits of \$10,000 monthly and \$5,000 single or less.								
FOR TEMPORARY INCREASES INCLUDE DATES: DATE FROM:DATE TO:								
	OPER	FUNDDEPT_		PRODU	CT.	INT		
CHARTIELD.		nt funds are not to be used						
PRIMARY RECO	NCILER NAME:				_FAST USER ID:			
BACKUP RECON	CILER NAME:				FAST USER ID:			
Note: Additional reconcilers may be added as needed by listing on a separate page								
FORM PREPARED BY:								
CARDHOLDERS SIGNATURE:								
AREA VP/ASSOC AREA VP/DEAN/ACCOC DEAN/DIRECTOR/ACCOUNTABLE OFFICER SIGNATURE:								
SIGNATURE:					DATE			
PRINT NAME:					TITLE:			

*******Print, Sign, and Email the completed form to: PCard@USF.EDU ********





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LIMIT INCREASE JUSTIFICATION (ATTACH ADDITIONAL SH	EETS IF NEEDED)
SIGNATURE OF DEPARTMENT HEAD:	DATE:
PRINT NAME:	
PROVOST AREA SIGNATURE:	DATE:
Required when requesting limits in excess of 200%	
PRINT NAME:	
******Print, Sian, and Fmail the com	pleted form to: PCard@USF.EDU *******
r rine, eign, and Eman ene cem	receasion to rearing our receasion
PURCHASING DIRECTORS SIGNATURE:	DATE:
PRINT NAME:	
CONTROLLERS SIGNATURE:	DATE:
PRINT NAME:	
PRINT NAME:	