USF Purchasing Card Program Cardholder Profile Information

DATE OF REQUEST: _____

ACTION REQUESTED: _____
TYPE OF CHG REQUESTED: _____
TYPE OF INCREASES: _____

EMPLOYEES ACADEMIC/ADMINISTRATIVE UNIT & DEPARTMENT: _____

EMPLOYEES NAME: _____
(Address and date of birth information will be included in the application)

EMPLOYEES DATE OF BIRTH: _____
EMPLOYEES GEMS ID: _____

EMPLOYEES EMAIL ADDRESS: _____

EMPLOYEES BUSNESS PHONE #: _____
ADD'L PHONE #: _____

EMPLOYEES HOME MAILING ADDRESS: _____

_____
Please include any apartment, building, or unit numbers.

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: _____

DEFAULT CHARTFIELD: OPER UNIT _____ FUND _____ DEPT _____ PRODUCT _____ INT _____

Grant funds are not to be used for default chartfields (20000, 21000, 22000)

PRIMARY RECONCILER NAME: _____
FAST USER ID: _____

BACKUP RECONCILER 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 ***********

FILL OUT PAGE 2 ONLY IF REQUESTING A LIMIT INCREASE

LIMIT INCREASE JUSTIFICATION (ATTACH ADDITIONAL SHEETS IF NEEDED)

SIGNATURE OF DEPARTMENT HEAD: _____ DATE: _____

PRINT NAME: _____

PROVOST AREA SIGNATURE: _____ DATE: _____
Required when requesting limits in excess of 200%

PRINT NAME: _____

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

PURCHASING DIRECTORS SIGNATURE: _____ DATE: _____

PRINT NAME: _____

CONTROLLERS SIGNATURE: _____ DATE: _____

PRINT NAME: _____