

## USF Purchasing Card Program Cardholder Profile Information

DATE: \_\_\_\_\_

CARDHOLDER NAME: \_\_\_\_\_ USF GEMS EMPLOYEE ID: \_\_\_\_\_

(Address and date of birth information will be obtained from HR and will be included in the application)

ACTION REQUESTED: \_\_\_\_\_ TYPE OF CHANGE REQUESTED: \_\_\_\_\_

FOR LIMIT INCREASES: \_\_\_\_\_

IF A TEMPORARY INCREASE INCLUDE DATES: DATE FROM: \_\_\_\_\_ DATE TO: \_\_\_\_\_

FORM PREPARED BY: \_\_\_\_\_

ACADEMIC/ADMINISTRATIVE UNIT: \_\_\_\_\_

DEAN/DIRECTOR: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

CAMPUS MAILCODE: \_\_\_\_\_ BUSINESS PHONE #: \_\_\_\_\_

CARDHOLDER EMAIL: \_\_\_\_\_

CARD USE: \_\_\_\_\_

DEFAULT CHARTFIELD: OPER UNIT \_\_\_\_\_ FUND \_\_\_\_\_ DEPT \_\_\_\_\_ PRODUCT \_\_\_\_\_ INT \_\_\_\_\_

REQUESTED LIMITS: MONTHLY: \_\_\_\_\_ SINGLE TRANSACTION LIMIT: \_\_\_\_\_

**Note: USF PCard Policy 5-026 allows \$5,000 monthly and \$2,000 single or less all new cards are ordered with these limits**

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**

CARDHOLDERS SIGNATURE: \_\_\_\_\_

**AREA VP/DELEGATE/DEAN/DIRECTOR/ACCOUNTABLE OFFICER SIGNATURE:**

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

PCARD ADMINISTRATOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*\*\*\*Print, Sign, and Email the completed form to: [PCard@USF.EDU](mailto:PCard@USF.EDU) \*\*\*\*\*****FILL OUT PAGE 2 FOR LIMIT INCREASES ONLY**

LIMIT INCREASE JUSTIFICATION (ATTACH ADDITIONAL SHEETS IF NEEDED)

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SIGNATURE OF DEPARTMENT HEAD: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

PROVOST AREA SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Required when requesting limits in excess of 200%

PRINT NAME: \_\_\_\_\_

PURCHASING DIRECTORS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

CONTROLLERS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_