

Temporary Bank Override Form

DATE:

CARDHOLDERS NAME:

CARDHOLDERS EMPLOYEE ID#:

AREA/COLLEGE NAME:

FOR SINGLE DAY PURCHASE

MERCHANT (VENDOR) NAME:

DATE OF PLANNED PURCHASE:

TRANSACTION AMOUNT:

FOR CARDHOLDERS TRAVELING ABROAD

LOCATION:

TRAVEL DATES:

TO

BUSINESS PURPOSE:

FUNDING SOURCE:

ATTENDEES (STUDENT/STAFF) IF APPLICABLE:

We will need email approval from the cardholder's accountable officer or accountable officer designee (according to the FAST system). The accountable officer/designee should send an email stating they approve the purchases you are requesting an override for. Return completed form with email approval to: **[Submit Form to PCard@USF.edu](mailto:PCard@USF.edu)**.