

# PCard Application

New:		Transfer from BU:		Update:		Name change:	
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EMPLOYEE INFORMATION								
UFID:		Name:						
Email:				Title:			Phone:	
Address:	Line 1:				Dept. Contact:			
	Line 2:				Contact email:			
	City:				State:		Zip:	
Training:	PST975:		PST076:		PST077:		*PST974 (updates):	

DEPARTMENT INFORMATION							
BU (four digit):		Department Name:					
Chartfield:							
	<i>GL Unit</i>	<i>Dept. ID</i>	<i>Fund</i>	<i>Program</i>	<i>Account</i>	<i>Source</i>	<i>Other</i>

CARD TYPE	
Commodities & Travel	
Commodities	
Gas Only	
Other – attach justification	
SPENDING LIMITS	
Single	Monthly
\$100	\$500
\$500	\$1,000
\$1,000	\$5,000
\$2,000	\$10,000
	\$25,000
Other Limits – attach justification	

VERIFIERS/APPROVERS			
Verifier	Approver	UFID	Name
Shared Service Center:			

DEAN, DIRECTOR, DEPARTMENT HEAD APPROVAL			
I understand my responsibilities as they relate to the PCard and have read and understand the “Who Should be the Approver” guide located on UF Identity & Access Management website <a href="http://identity.it.ufl.edu/">http://identity.it.ufl.edu/</a>			
Name:		Signature:	
Title:		Date:	

<i>Internal Use Only</i>	<i>PS:</i>		<i>Ordered/Updated</i>		<i>LS:</i>		<i>Approved:</i>		1/2014
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## INSTRUCTIONS

**NEW:** For first time cardholders

**TRANSFER FROM BU:** Enter the four digit BU the cardholder is transferring from.

**UPDATE:** For changes existing cards, i.e. change to limits, card type. To change approvers use the Verifier/Approver Profile form.

**CHANGE NAME FROM:** Enter the name currently on the card.

### EMPLOYEE INFORMATION

**UFID:** Applicant's UF employee identification number.

**NAME:** First, MI, Last - or as the person signs their name.

**EMAIL:** Applicant's UNIVERSITY email address – required.

**TITLE:** Applicant's title as it appears in myUFL.

**PHONE:** Applicant's telephone number.

**ADDRESS:** The street address that the card should be delivered to.

**DEPT. CONTACT:** Who should be contacted in the applicant's absence.

**TRAINING DATES:** Dates the applicant completed the Online Training.

- » **PST975 What Every PCard Holder Needs to Know** - Required for all cardholders.
- » **PST076 PCard for Travel** – Required for all cardholders who will make travel purchases.
- » **PST077 PCard for Commodities** – Required for all cardholders.
- » **\*PST974 PCard Refresher for Cardholders** – For current cardholders in lieu of PST975, PST076, and PST077.

### DEPARTMENT INFORMATION

**BU:** The four digit department identifier.

**DEPARTMENT NAME:** The name of the department requesting card.

**CHARTFIELD:** This will default into the distribution fields for reconciliation of transactions. Choose the chartfield string that would be used for the majority of purchases. The chartfield string must be valid.

### CARD TYPE

**COMMODITIES AND TRAVEL:** The card will be used to purchase supplies and services as well as allowable travel related expenses while on official UF business.

**COMMODITIES ONLY:** The card will only be used for purchase of supplies and services.

**GAS ONLY:** The card can only be used for the purchase gasoline for UF, State, and rental vehicles.

**DOCE/SGA:** For funds 0408 and 520X

**OTHER:** If cardholder will need to make unusual or restricted purchases attach a letter of justification.

**LIMITS:** Select the lowest limits which will best meet the applicant's needs.

### VERIFIERS/APPROVERS

*List those individuals who will process charges in myUFL. Verifiers/Approvers must have completed the required PCard training and should read "Who Should Be the Approver?"*

<http://www.it.ufl.edu/myufl/security/documents/TheApproverRoleInstructionGuide.pdf>

Select the function the individual will perform.

**VERIFY:** Those who enter accounting information but do not actually commit funds. Verifiers are not required. If the cardholder will be a self-verifier their name should be list here.

**APPROVE:** These employees must have the authority to commit funds and the UF\_PCARD\_APPROVER security role. A minimum of two are required.

**UFID:** The proxy's UFID. *For DSOs enter the person's DSO ID, not their UFID.*

**Name:** List the names of those who need access to process the cardholder's charges.

**Share Service Center:** If applicable, enter the name of the departments' Shared Service Center

**DEAN, DIRECTOR, or DEPARTMENT HEAD:** Include the name and signature of the person with fiscal authority over the dept., division, or college. Electronic or stamped signatures are not allowed.