



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 FROM: _____ DATE TO: _____

FORM PREPARED BY: _____

ACADEMIC/ADMINISTRATIVE UNIT: _____

DEFAULT CHARTFIELD: OPER UNFUND DEPT PRODUCT INT _____

REQUESTED LIMITS MONTHLY: _____ SINGLE TRANSACTION LIMIT: _____

Note: USF PCard Policy 5026 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*****

FILL OUT PAGE 2 FOR LIMIT INCREASES ONLY



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: _____