

# PCard Application

Email to [pcard@ufl.edu](mailto:pcard@ufl.edu)

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 Dates:	PST975:		PST076:		PST077:		*PST974 (updates):

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

CARD TYPE		RECONCILERS/APPROVERS			
	Commodities & Travel	Reconciler	Approver	UFID	Name
	Commodities				
	Gas Only =\$100 single/\$500 cycle				
	Other – attach justification				
SPENDING LIMITS					
Single / Cycle					
	\$500 / \$1,000				
	\$500 / \$2,500				
	\$1,000 / \$2,500				
	\$1,000 / \$5,000				
	\$2,000 / \$5,000				
	\$2,000 / \$10,000				
	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:				

Internal Use Only	PS:		Ordered/Updated:		LS:		Approved:		9/2018
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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 limits, card type. To add approvers use the Reconciler/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 UF street address 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:** The chartfield string must be valid. This is the chartfield string that will prepopulate for all transactions on the cardholder's transactions in myUFL. Choose the chartfield string that would be used for the majority of purchases. .

### CARD TYPE

**COMMODITIES AND TRAVEL:** The card can 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:** Only for purchase gasoline for UF, State, and rental vehicles. Spending limits are \$100 singe/ \$500 cycle.

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

**SPENDING LIMITS:** Select the lowest limits which will best meet the applicant's needs. Single is the amount one charge cannot exceed. Cycle is the amount that can be spent in a seven day period.

### RECONCILERS/APPROVERS

*List those individuals who will process charges in myUFL. Reconcilers/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.

**RECONCILE:** 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.