

PCARD PROGRAM
Reconciler/Approver Profile Form

Send the signed form to pcard@ufl.edu

Name: _____ **UFID:** _____

Title: _____ **Dept Name:** _____

Email: _____ **Phone:** _____

Training Dates: PST975 _____ PST076 _____ PST 077 _____ PST978 _____ **or** PST 974 _____

All reconcilers and approvers must complete the Online PCard Certification training every two years.

Business Unit: _____ *Cardholder(s) Business Unit*

ACTION: New Update _____ Delete

ROLE: (Select one)

Approver: Requires PeopleSoft role UF_PO_PCARD_APPROVER
 Reconciler: Requires PeopleSoft role UF_PO_PCARD_RECONCILER

CHARGES FOR: (Select one)

All Cardholders in the Business Unit – applies to current cardholders only
 Specific Cardholders only – include list of cardholders and their UFIDs.

Reconciler/Approver Statement:

I understand my responsibilities as they relate to processing PCard charges; have read and understand the PCard Certification Training; have read and understand the “Who Should Be the Approver” Instruction Guide; will process charges within 15 days; and I will contact the PCard Team should I have any problems with transactions and/or cardholders.

Signature _____ **Date:** _____

DDD Approval:

I understand my responsibilities as they relate to the Purchasing Card and have read and understand “Who Should Be the Approver” Instruction Guide.

Dean, Director, or Dept Chair _____

Signature & Date: _____