



## Purchasing Cardholder Program Cardholder Profile/PCard Application

<b>Action</b>	New Account	Change Cardholder Name	Close Account	Change Info
Check One				

### Data

Agency Name	UNIVERSITY OF CENTRAL FLORIDA
Name (as shown on Payroll)	
Employee ID	
Date of Birth (xx/xx/xxxx)	

### Justifications

If Single Purchase Amount is over \$5000, provide justification below for higher limit: <b>Required</b>

### Cardholder Location

Division/College	
Department	
Section	
Business Address	
City & State	
Zip Code and Plus 4	
Phone	
Fax	
E-Mail address	
Dept/Proj # & Fund Code	
Location Code	

### Special Departmental Requirements

Please designate any special requirements (if applicable):

### Departmental Authorization Controls

Credit Limit	\$
Single Purchase Limit	\$
Cardholder's Approver(s) <b>(One Name Required)</b>	
Transaction Type (Check One)	
	<input type="checkbox"/> Commodities and Travel <input type="checkbox"/> Commodities <input type="checkbox"/> Travel Only <input type="checkbox"/> Special Departmental Requirements <input type="checkbox"/> Emergency Finance Department (EFD)

### Approval

#### Print Name

#### Signature

#### Date

Cardholder			
Cardholder's DDC Per default			
Dept/Proj Number			
VP / Provost (Only > \$25,000)			
Asst. Controller for PCard	<b>PCard</b>		

#### FINANCE & ACCOUNTING USE ONLY

WebCT Course		Employee Type	
Ethics Form		DDC Approval	
DAL Approvers		WORKS Ordered	
Agreement Form		PeopleSoft Input	
Background Check Verification		Close/Change Completed	

**Send completed form along with completed Cardholder Agreement to [PCard@ucf.edu](mailto:PCard@ucf.edu)**