



UCF Gold Card Program Request Form

Action
Check one

<input type="checkbox"/> Add	<input type="checkbox"/> Change Cardholder Name	<input type="checkbox"/> Change	<input type="checkbox"/> Other
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Data

Agency Name	University of Central Florida
Requestor Name	
Requestor Phone Number	
Department Name	
Department/Project Number	
P.O. Number	

Departmental Authorization Controls

Date Requested	
Date Card Required	
Funds to expired on (30 days max)	
Credit Limit (1,000 max)	
Single Transaction Limit	
Transaction Approver(s) Name(s)	

Cardholder Information

(If there are additional cardholders, please attach details to the back.)

Cardholder's First Name	
Cardholder's Last Name	
Employee ID	
PID #	
Vendor ID #	
Name of Program ¹	
Is the cardholder a non-US citizen? ²	

Business Purpose

(Please provide a detailed description of what the card will be used to purchase.)

¹Used to identify a grant/project

²Requires ISC approval prior to submission

Authorized Signatures:

ISC Signature (if required)	Print Name	Date
Departmental Program Administrator Signature	Print Name	Date
Business Manager Approval Signature	Print Name	Date
Dean, Director, or Chair Approval Signature	Print Name	Date

Send completed form along with completed cardholder agreement to the following address:

UCF Finance & Accounting
12424 Research Parkway, Suite 300
Attn: PCard Administrator +0975
Phone: (407) 882-1044

To be completed by Finance & Accounting PCard Office	Approved? Yes <input type="checkbox"/>	No <input type="checkbox"/>	Scanned: <input type="checkbox"/>
Date Received: _____ Reviewed by: _____ No. of Cards Ordered: _____ No. of Cards Received: _____			