

MyUF Market Cardholder Permission Form

Cardholder Name: _____ UFID: _____
 Email: _____ Phone: _____
 Department ID/BU: _____

CARDHOLDER APPROVAL:

- ◆ By signing below I approve the following individual(s) to make purchases on my PCard in myUF Market.
- ◆ I understand that this applies only to purchases made within myUF Market and at no other time will I allow anyone else to use my PCard.
- ◆ The person(s) listed below are not approver's for my PCard charges.
- ◆ I will notify the PCard Team if/when these individuals access should be removed.

Signature: _____

REQUESTOR ACCEPTANCE

- ◆ By signing below I affirm that I have completed the Online PCard Certification Training and understand my responsibilities as they relate to PCard use.
- ◆ I am not an approver for this cardholder's PCard charges.
- ◆ All myUF Market purchases will be for qualified business purposes only.
- ◆ I will notify the PCard Team when I no longer need access to this account.

Signature:			
Requestor Name:		UFID:	
Email:		Phone:	
I completed the online PCard commodity training on:			

Signature:			
Requestor Name:		UFID:	
Email:		Phone:	
I completed the online PCard commodity training on:			

All PCard participants must take the Online PCard Certification Training annually. Training is available at http://www.purchasing.ufl.edu/main_purchasingcards.asp

Send this form to PCard Team, PO Box 115250 or fax it to 352-392-8837