

DCP PCard Request Form

Name: _____ UFID: _____

Title: _____ Department: _____

Do you have any active Grants? Yes No

Terms & Conditions:

- The PCard will be used for AUTHORIZED UF related travel **ONLY**.
- A TA will need to be completed, approved and signed by your Department Chair/Director PRIOR to making a purchase.
- All documentation is to be uploaded via the Online DCP PCard Form within **5** days of making a purchase.
- It is your responsibility to make sure receipts are not lost to avoid your PCard from being revoked.
- Under no circumstances will the PCard be used to make personal purchases. This will result in an automatic revocation of your PCard.
- Under no circumstances are charges to be split in an attempt to circumvent your single transaction limit.

Non-compliance with the terms and conditions:

1. First Offense, you will receive a verbal warning
2. Second Offense, you will receive a written warning
3. Third Offense, your PCard will be revoked.

I **understand** and **agree** that a violation of this agreement will result in a revocation of my PCard due to my misuse of this privilege.

Requestor Signature

Date

Department Chair/Director Signature

Date

Dean Signature

Date