

# 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 Travel Request will need to be completed in UF GO and approved PRIOR to making a purchase.
- All documentation is to be uploaded via UF GO within **5** days of making a purchase or **15** days after the travel has ended.
- 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