STATE OF FLORIDA PURCHASING CARD PROGRAM
User Profile Information Form

ACTION REQUESTED: Select Option

- ◯ Add
- ◯ Name Change
- ◯ Change/Other Maintenance
- ◯ Close Account
- ◯ Deactivate
- ◯ Other, please describe: _____

ROLE: ☐ Accountholder ☐ Scoped Administrator ☐ Approver ☐ Accountant ☐ Auditor

USER PROFILE:		GROUP NAME:	ROLE:*
Group:	Agency:		
First Name:	Division/Bureau:		
Last Name:	Business Address:		
Email Address:			
Login Name (same as Email Address):	City, State & Zip:		
A/P Payee ID (Site Code):	Card Mailing Address:		
User Profile ID (4 digit OLO + PF ID):			
User Phone Number:	City, State & Zip:		
ACCOUNTHOLDER PROFILE:	**ACCOUNT DEFAULT ALLOCATION CODES: (Optional)**		
Account Name:	GL02: Organization - EO -		
Account Nickname:	GL03: Object Code -		
Account Relation: Individual	GL04: Sub-Vendor - Admin will populate		
Spend Control Profile:	GL07: OCA -		
Accounting Code:	GL08: Contract -		
Verification ID: Field will populate from the User Profile ID	GL09: Grant -	*If the User is assigned to more than one Role, identify	
*Justification must be provided for a STL over $1,500 and must be approved by the agency head or designee.	GL10: Project ID -	the Role assigned for each Group.	
	FOR USE BY PCARD ADMINISTRATOR ONLY		
	PCard Training Date:	Accountholder Agreement Date Signed:	
	Works Training Date:	Works User Agreement Date Signed:	

User's Signature:	DATE:
Supervisor's Name (Print):	DATE:
Supervisor's Signature:	DATE:
Scoped Administrator's Approval:	DATE:

Save As.. Print Clear Form