



Temporary Bank Override Form

DATE:

CARDHOLDERS NAME:

CARDHOLDERS EMPLOYEE ID#:

AREA/COLLEGE NAME:

FOR SINGLE DAY PURCHASE

MERCHANT (VENDOR) NAME:

DATE OF PLANNED PURCHASE

TRANSACTION AMOUNT:

FOR CARDHOLDERS TRAVELING ABROAD

LOCATION:

TRAVEL DATES: _____ TO _____

BUSINESS PURPOSE:

FUNDING SOURCE:

ATTENDEE (STUDENT/STAFF) IF APPLICABLE

We will need email approval from the cardholder's accountable officer or accountable officer designee (according to the FAST system). The accountable officer/designee should send an email stating they approve the purchase by requesting an override for Return completed form with email approval to: Submit Form to PCard@USF.edu