



# Temporary Bank Override Form

DATE:

CARDHOLDERS NAME:

CARDHOLDERS EMPLOYEE ID#:

AREA/COLLEGE NAME:

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FOR SINGLE DAY PURCHASE

MERCHANT (VENDOR) NAME:

DATE OF PLANNED PURCHASE

TRANSACTION AMOUNT:

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FOR CARDHOLDERS TRAVELING ABROAD

LOCATION:

TRAVEL DATES: TO

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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](mailto:pcard@usf.edu)