

Form to Request Approval of Anticipated P-Card Purchase



Responsible Department:

Requested by:

VENDOR:

PURCHASER:

Account #:

Reason for Purchase:
Event (if applicable):

QTY	Product #	DESCRIPTION	UNIT PRICE	TOTAL
SUBTOTAL				
SHIPPING & HANDLING				
OTHER				
TOTAL				

Comments:

By signing below, the fiscal agent verifies that the items listed will be bought in accordance with University regulations regarding purchases and that these items are not prohibited for purchase with the P-Card.

Fiscal agent signature: _____
Treasurer Signature: _____
President Signature: _____

OSA signature: _____

Requested by _____ Date _____

Authorized by _____ Date _____