

# Department of Plant Pathology

## How to Use Department Order Forms & UK Employee Reimbursement Form

### **Note**

Print copies of all order forms are available outside room 201E. These order forms, plus the employee reimbursement form, are available as fillable e-form PDFs on the department website (Internal Page tab, <http://plantpathology.ca.uky.edu/forms>). These fillable e-forms can be signed digitally.

# ProCard Voucher



## PROCARD VOUCHER Plant Pathology

### STEP 1: BASIC PURCHASE INFO

Purchase Date: _____	Cardholder Name: _____
Vendor Name: _____	Cardholder Signature: _____
Procard (7 digit #): P _____	Cardholder Dept: Plant Pathology
Amount: _____	Purchaser Name: _____
Items Purchased: <i>Briefly list items; use Supplemental Order Form if needed.</i>	Phone Number: 8-1298
Business Purpose: <i>Brief description of purpose for expenditure. Required*</i>	

*\*If for travel, include the following under Business Purpose: 1. Meeting Name/Location, 2. Dates of Travel*

### STEP 2a: PRE-AUTHORIZATION

**REQUIRED FOR PURCHASES GREATER THAN \$500**

**EXPLAIN ANY EMERGENCY PURCHASES MADE W/O PRE-AUTHORIZATION IN BUSINESS PURPOSE ABOVE**

Department Chair (or Delegate) Signature \_\_\_\_\_ Date \_\_\_\_\_

### STEP 2b: APPROVAL SIGNATURES

Purchaser Signature \_\_\_\_\_ Date \_\_\_\_\_

Purchaser's Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

### STEP 3: EDIT INFORMATION (FOR DEPT USE)

*\*Office Use Only*

GL Code	Amount	Cost Center	WBS Element

Account(s) Requested \_\_\_\_\_

\$ \_\_\_\_\_  
Total Dollar Amount

## Purpose

To purchase/pay for items from vendors that accept a ProCard.

## Procedure

1. Fill in all information, including P number\*, amount, item, and business purpose, in Step 1.
2. If more than one item is being purchased, list items on a supplemental order form (see pg 4) and submit with the voucher.
3. Fill in the amount and account number in Step 3.
4. Signatures required before submission: purchaser, purchaser supervisor, and cardholder (in some cases, one person may fulfill multiple positions and need to sign in more than one place). If the order total is over \$500, Dr. Schardl will need to sign.
5. Staple all order documentation (e.g., order details, order form, receipt, invoice, etc.) to the back of the voucher.
6. Submit completed and signed voucher with back-up documentation to Elizabeth for account approval.
7. Elizabeth will submit the document(s) to the purchasing staff member to place the order or make payment.
8. If the order has already been placed (e.g., business conference registration), the form will be processed accordingly by office staff.

\*P number is a 7 digit number assigned to the ProCard; it is NOT the 16 digit credit card number. If you do not know your card's P number, see an office staff member for assistance.

# Direct Order Request Form

## Plant Pathology - Direct Order Request

Please complete all highlighted fields. Incomplete forms may be returned or result in order delays!

Part I: Authorization					
Date		Lab			
Account #		Requested by			
Business Officer <small>(signature required)</small>		Supervisor <small>(signature required)</small>			
Department Chair signature required for orders over \$500			Department Chair		
Vendor <small>(check one)</small>	<input type="checkbox"/> CDW-G <input type="checkbox"/> Dell <input type="checkbox"/> Fisher Scientific <input type="checkbox"/> Grainger <input type="checkbox"/> Office Depot		<input type="checkbox"/> Life Technologies/Gluck Supply Center <input type="checkbox"/> Life Technologies/Thermo Fisher <input type="checkbox"/> UK Supply Center (UK Stores) <input type="checkbox"/> VWR <input type="checkbox"/> Other _____		
Quote #	Invoice #2845				
Business Purpose	Quantification of EBDC fungicide on cured burley tobacco leaf. Lab services.				
Part II: Product Information					
All information except order total may be included in an attachment.					
Product #	Item Description	Qty	Unit	Unit Price	Extended Price
				<b>Order Total*</b>	

Form: 2/23/18

\*Indicate approximate order total

For office use only

Date ordered: \_\_\_\_\_

Cart number: \_\_\_\_\_

## Purpose

To order items from a UK contract vendor punch-out catalog or process an order/payment to a vendor that requires a University Purchase Order (and will not accept a ProCard)

## Procedure

1. Fill in all requested information in Step 1.
2. Select the Vendor name in the list of UK punch-out catalogs or fill in the vendor name after Other.
3. Add a quote number, if there is one.
4. State the Business Purpose
5. List the details of the items to be purchased. Be sure item numbers are correct and pricing is up-to-date.
6. Fill in the order total.
7. Staple any additional order details, supplemental order form and/or a copy of the quote, as needed, to the back of the form.
8. Signatures required prior to submission: Supervisor. If the order total is over \$500, Dr. Schardl will need to sign.
9. Submit completed and signed form with back-up documentation to Elizabeth for account approval.
10. Elizabeth will submit the document(s) to the purchasing staff member to place the order or make payment.



# Employee Reimbursement Form

Clear Form

**UK** UNIVERSITY OF KENTUCKY  
Request for Employee Reimbursement and Invoice(Other than Travel Expenses)

Employee / Account Information	Department Information
Name:	Dept. Name: Plant Pathology
Address 1:	Contact Person: Whitney Wilder
Address 2:	Address 1: 201F Plant Science Bldg
City/State/Zip:	Address 2: 1405 Veterans Drive
Business officer approval:	Phone #: 859-218-1298
Account #:	Email: whitney.wilder@uky.edu

Date of Expense	Please provide a detailed description of the business purpose of each expense, provide a complete explanation of why personal funds were used in lieu of the standard University procurement process (Procurement Card, Purchase Order or PRD) and attach an itemized receipt for each expense listed.	Amount
Total Reimbursement Amount		

I certify that the expenses listed above were incurred on behalf and exclusively for the benefits and business purpose of the University of Kentucky.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approving Official \_\_\_\_\_ Date \_\_\_\_\_

To select the appropriate method for reimbursement, (SRM Requisition/Purchase Order or Payment Request Document) please refer to the Purchasing/AP Quick Reference Guide.

<http://www.uky.edu/Purchasing/docs/quickrefguide.pdf>

For Reimbursement by SAP/SRM Requisition/Purchase Order: Step 1.) Prepare a SRM Requisition. Step 2.) Complete a Vendor Invoice and Credit Memo Transmittal.

<http://www.uky.edu/eForms/forms/vendtrans-sap.pdf> (Attach this form and transmit to Accounts Payable.)

For Reimbursement by Payment Request Document (PRD) this form must be attached to the PRD as part of the supporting documentation.

<http://www.uky.edu/Purchasing/docs/quickrefguide.pdf>

## Purpose

To reimburse UK employees for non-travel business expenses paid with their personal funds.

## Note

Employees cannot be reimbursed any state tax that may have been added to the purchase. In addition, employees seeking reimbursement should confer with a staff member before completing this form so it can be determined if the request is in compliance with UK policy.

## Procedure

1. Fill in all information under Employee/Account Information. Use the Department address.
2. Department Information will be completed by the office staff member processing the request.
3. List each item for which you are requesting reimbursement, including the date, amount of each item, and the total requested. You must have a receipt for each item.
4. Provide an explanation as to why a ProCard was not used.
5. Employee should sign and date.
6. Employee supervisor will sign as the Approving Official.
7. Submit the form and all receipts to Elizabeth for account approval.
8. Elizabeth will submit the form and documents to the purchasing staff member to process the request.