College of Agriculture, Food and Environment

PROCARD VOUCHER

Plant Pathology

STEP 1: BASIC PURCHASE INFO

Purchase Date: _____

Vendor Name: _____

Pcard (7 digit #): P

Amount: _____

Items Purchased: *Brief listing of items purchased*

Cardholder Name: _____

Cardholder Signature: _____

Cardholder Dept: Plant Pathology

Purchaser Name: _____

Phone Number: 8-1298

Business Purpose: *Brief description of use and location of items purchased**

**If for travel, include the following under Business Purpose: 1. Meeting Name/Location, 2. Dates of Travel, 3. TA# if available*

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

Form: 12/5/17