

STEP 1: BASIC PURCHASE INFO

Purchase Date: _____

Cardholder Name: _____

Vendor Name: _____

Cardholder Signature: _____

Pcard (7 digit #): **P** _____

Cardholder Dept: _____

Amount: _____

Purchaser Name: _____

Items Purchased: *Briefly list items; use Supplemental Order Form if needed.*

Phone Number: _____

Business Purpose: *Brief description of purpose for expenditure. Required**

**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