

PROCARD VOUCHER

Plant Pathology

Purchase Date:			Cardholder Name:	
Vendor Name:			Cardholder Signature:	
Pcard (7 digit #):	_		Cardholder Dept:	
Amount:			Purchaser Name:	
	Brief listing of items purch		Phone Number:	
	<u>-</u>			
Business Purpose:	Brief description of use and	l location of items purchased*		
*If for travel_include	e the following under Rusine	ss Durnose: 1 Meetina Name/Loc	ration, 2. Dates of Travel, 3. TA# if avail	lahla
			ution, 2. Dutes of Truvel, 3. 17m if aran	
	PRE-AUTHORIZATION		STEP 2b: APPROV	AL SIGNATURES
	ED FOR PURCHASES GREA			
EXPLAIN ANY EMERGENCY PURCHASES MADE W/O PRE- AUTHORIZATION IN BUSINESS PURPOSE ABOVE		Purchaser Signature Date		
			i dicilase: orginatare	2
Cardholder Supervisor (or Delegate) Signature Date		Purchaser's Supervisor Signature Date		
	EDIT INFORMATION (FO	OR DEPT USE)		
*Office Use Only GL Code	EDIT INFORMATION (FO	OR DEPT USE) Cost Center	WBS Element	
*Office Use Only	_		WBS Element	
*Office Use Only	_		WBS Element	
*Office Use Only	_		WBS Element	
*Office Use Only	_		WBS Element	
*Office Use Only	_		WBS Element	Account(s) Requested
*Office Use Only	_		WBS Element	Account(s) Requested
*Office Use Only	_		WBS Element	Account(s) Requested
*Office Use Only	_		WBS Element	Account(s) Requested
*Office Use Only	_		WBS Element	
*Office Use Only	_		WBS Element	<u>\$</u>
*Office Use Only	_		WBS Element	<u>\$</u>
*Office Use Only	_		WBS Element	<u>\$</u>
*Office Use Only	_		WBS Element	<u>\$</u>
*Office Use Only	_		WBS Element	<u>\$</u>