

PROCARD VOUCHER

Plant Pathology

STEP 1: BASIC PURCHA	SE INFO			
Today's Date:		Cardholder Name:		
Vendor Name:		Cardholder Signature:		
Vendor Phone:		Cardholder Dept:		
PPA Phone:		Purchaser Name:		
Items Purchased: Use Suppleme	ntal Order Form for multiple it	tems Additional Approver:		
Business Purpose: Brief descript	ion of purpose for expenditure	e.*		
*If for travel, include the following: Fu	III meeting name, meeting location	a, and dates of travel. Attach a copy of the trave	el authorization.	
STEP 2a: PRE-AUTHOR	IZATION	STEP 2b: APPROV	AL SIGNATURES	
REQUIRED FOR PURCHAS	SES GREATER THAN \$1,000			
	Y PURCHASES MADE W/O BUSINESS PURPOSE ABOVE	Purchaser Signature	Date	
Department Chair (or Delegate) Signature Date		e Purchaser's Supervisor (Purchaser's Supervisor (or Delegate) Signature Date	
STEP 3: EDIT INFORMA	ATION			
(Table is for Office Staff Use Only)		Typenso Acet # ICC or MI		
Expense Type	GL Code \$\$ Am	nount \$\$ Expense Acct # (CC or WE	55)	
			Account(s) Requested	
			 \$	
			Order Total	