

PROCARD VOUCHER

Plant Pathology

| STEP 1: BASIC PURCHAS | SE INFO | | | |
|--|---|--|---|---|
| Today's Date: | | Cardholder Name: | | |
| Vendor Name: Vendor Phone: | | Cardholder Signature: | | |
| | | Purchaser Name: | | |
| Form rec'd (office): | | Additional Approver: | | |
| Items Purchased: Use Supplemen | tal Order Form for | product information | when ordering multiple items. | |
| Business Purpose: Brief, but spec If for travel, include the following | ific description of p : Full meeting nam | ourpose for expenditu e, meeting location & | re. dates of travel. Attach a copy of t | he travel authorization. |
| STEP 2a: pre-authori | ZATION | | STEP 2b: APPROVAL SI | GNATURES |
| REQUIRED FOR PURCHAS | | \$1,000 | | |
| EXPLAIN ANY EMERGENCY PURCHASES MADE W/O PRE-AUTHORIZATION IN BUSINESS PURPOSE ABOVE | | | Purchaser Signature | Date |
| Supervisor (or Delegate) Signature | | Date | Purchaser's Supervisor (or Delegate) Signature Date | |
| STEP 3: EDIT INFORMA (Table is for Office Staff Use Only) | ATION | | | |
| Expense Type | GL Code | \$\$ Amount \$\$ | Expense Acct # (CC or WBS) | |
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| | | | | Account(s) Requested SIO # (if required) |
| | | | | SIO # (if required) |
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| | | | | SIO # (if required) |
| | | | | SIO # (if required) |