

Purchasing Card				
<input type="checkbox"/> P-Card# _____	<input type="checkbox"/> P-Card# _____	<input type="checkbox"/> P-Card# _____	<input type="checkbox"/> P-Card# _____	<input type="checkbox"/> P-Card# _____

Purchase Details			
Vendor:			
Amount:		Date:	

Accounting Details				
Index:		Account:		Activity:
Business Purpose:				

Approvals	
Purchaser's Printed Name	Supervisor's Signature (optional)

Documentation Checklist	
<p style="text-align: center;">REQUIRED</p> <p><input type="checkbox"/> Receipt Tape to back of this form or attached.</p>	<p style="text-align: center;">REQUIRED, IF APPLICABLE</p> <p><input type="checkbox"/> Hosting Groups/Meals at Meeting Form</p> <p><input type="checkbox"/> If Gift Card purchased, Gift Card Form</p>

Notes

SERVICE CENTER USE ONLY	
Entered into Banner by: _____	Date: _____