|  |
| --- |
| **PURCHASING CARD TRANSACTION** |

**DEPARTMENTAL INFORMATION**

DEPARTMENT NAME:

PURCHASING CARD NAME:

PURCHASING CARD NUMBER LAST 4 DIGITS:

TYPE OF CARD (PLEASE CIRCLE ONE): UNIV PRF HOSP

PURCHASING DETAILS

VENDOR:

DATE OF PURCHASE:

TOTAL AMOUNT OF PURCHASE:

ITEM(S) PURCHASED:

|  |  |  |  |
| --- | --- | --- | --- |
| Quantity | Item | Unit Price | Total Price |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

INTENDED USE / BENEFIT TO THE PROJECT:

|  |
| --- |
|  |

\*\*\* *Hospitality expenses require business purpose and a list of attendees.*

*You may attach a separate piece of paper if needed\*\*\**

**ACCOUNT NUMBER(S) TO BE CHARGED:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| aCCOUNT nAME | INTERNAL ORDER | WBS ELEMENT | GL  | AMOUNT |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

DEPARTMENT APPROVAL SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPROVAL REQUIRED FOR OVER $1,000**

***BUSINESS OFFICE ONLY:***

CARD CHECKED OUT BY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HAS EFFORT ON GRANT? Y N

PROFESSOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AVAILABLE BALANCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROJECT PERIOD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPROVAL SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*ATTACH PCARD RECEIP**

**\*\*\*Attach itemized receipt on a separate piece of paper\*\*\***