

PCARD PURCHASE AUTHORIZATION FORM

Provide Original Receipts for Each Transaction

PCARD TRANS #

Purchase Date:

E-DOC #

Cardholder Name:

Phone Number:

Card User:

Vendor Name and Contact Information:

Detailed Business Purpose:

Item Description	Amount	Taxable	Account	Object Code	Project Code
Subtotal					
Shipping					
Tip < 20%					
Sales Tax					
Total					

PCard Plus	
Meeting/Event Date:	
Meeting /Event Title:	
<i>Provide copy agenda/program if applicable.</i>	
Name of Attendees	Affiliation to the UA
Number of Attendees if over 20:	

Travel
Travel Authorization number:
Non-Employee Residency Status:
Business Purpose for any Upgrades:

If additional room is needed for any information, please attach on separate sheet

Approver Signature: _____

Reconciler Signature: _____