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	Account	Sub Acct	Obj Code	

Subtotal	0.00
Shipping	
Tip < 20%	
Sales Tax	
Total	0.00

PCard Plus	
Meeting/Event Date:	
Meeting /Event Title:	
Provide copy agenda/program if applicable.	
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: _____