

PURCHASING CARD (PCARD) FORM

VENDOR MUST REFERENCE P.O. IN THE FORM OF "VISA/CARD HOLDER'S NAME" OR ACTUAL P.O. #

Fiscal Office Use Only

Voucher #:	Account:
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*Card Holder's/Requestors Name: _____

PO (if available): _____

*Vendor Name: _____

Vendor Contact Info: _____

Invoice/Confirm#: _____

*Project Number/UFF Number: _____

**Teaching include Course #, Semester, and Year instead*

*Date ordered: _____

*PI Approval: _____

- CHOOSE ONE**
- * 101/162/163 Fund (State)
 - * 179 Fund (Misc)
 - * 171 Fund (UFF)
 - * 201/209 Fund (Grants)
 - * 211 Fund (IDC)
 - * 212 Fund (Misc Donors)
 - * 213 Fund (UFRF)

#	Catalog Number and Description	QTY	Unit Price	Total	Date Rec'd
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Attach add'l page if necessary				Subtotal:	
				Shipping & Handling:	
				Total:	

*Please Note: The description should contain model, part, or catalog number(s) to properly identify each item. Any company verification/quotes should be attached to this form.

Shipping Address: 126 Sisler Hall

Billing Address: Box 117200

PCard Billing Address: Box 117200

Additional Comments:

Reconciled by: _____ Date: _____

Fiscal Office Approval: _____ Date: _____

Contact the Chemistry Fiscal Office at 392-0538 with any Questions

Please type or print legibly and submit to the Fiscal Office