

PCARD PURCHASE AUTHORIZATION FORM

*Provide Original Receipts for Each Transaction within 3 Business Days of Purchase
(Failure to comply may result in card suspension)*

Cardholder Name: _____

Date: _____

Card User (if Dept Card): _____

Purchase Date: _____

Vendor Name: _____

Detailed Business Purpose (Mandatory):

<http://www.fso.arizona.edu/financial-management/business-purpose>

Item Description	Amount	Account	Sub-Acct	Object Code	Sub-Obj Code	Project Code
Travel Related Expense? Yes No Provide Authorization # T# _____	Subtotal					
	Shipping					
	Tip <20%					
	Tax					
	Total					

BUSINESS CENTER USE:

Approver Signature: _____

Reconciler Signature: _____

PCARD Trans #: _____

Edoc #: _____

Amount: _____

