

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): _____

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?	Subtotal					
Y N	Shipping					
Travel Authorization #	Tip <20%					
_____	Tax					
	Total					

BUSINESS CENTER USE:

Approver Signature: _____

Reconciler Signature: _____

PCARD Trans #: _____

Edoc #: _____ Amount: _____

