



P-CARD FORM

Date: _____

Fund Code: _____

Requestor: _____

Dept ID: _____

PI Signature: _____

Product: _____

Merchant/website: _____

Initiative: _____

Amount: _____

Project: _____

Product Details/Justification:

Please return the completed form to Cheryl Graham for processing.
All receipts must be submitted no later than 3 days after purchase.

For Staff use:

Budget Check _____ P-card used _____ Ordered _____

Receipts _____ Reconciled _____