

FLORIDA A & M UNIVERSITY

PURCHASING CARD REPORT THROUGH THE PURCHASING DEPARTMENT

THIS DOCUMENT MUST BE COMPLETED AND INCLUDE THE RECEIPTS FOR EACH P-CARD PURCHASE.

THE COMPLETED DOCUMENT AND RECEIPTS MUST BE FORWARDED TO THE DEPARTMENT RECONCILER IMMEDIATELY AFTER THE PURCHASE FOR COMPLIANCE REVIEW WITH UNIVERSITY REGULATIONS AND PROCEDURES. AFTER COMPLIANT REVIEW BY THE RECONCILER, THIS REPORT WILL BE FORWARDED TO ACCOUNTS PAYABLE FOR PAYMENT PROCESSING.

PURCHASING CARD NUMBER (LAST 4 DIGITS): _____

CARD HOLDER'S NAME (PRINT): _____

DATE OF PURCHASE: _____

DEPARTMENT NAME: _____

DEPARTMENT NUMBER: _____

ACCOUNT CODE (OBJECT CODE): _____

PROJECT CODE: _____

FUND NUMBER: _____

PROGRAM CODE: _____

VENDOR NAME: _____

VENDOR CONTACT NAME: _____

VENDOR CONTACT PHONE NUMBER: _____

JUSTIFICATION: _____

RECEIPTS FOR ITEM(S) PURCHASED MUST BE ATTACHED

AS THE REQUESTER TO USE PCARD _____ DATE _____

Sponsored Program Approver _____ Date _____

THE PURCHASING CARD HOLDER, I CERTIFY THE ABOVE INFORMATION IS TRUE:

DATE: _____