

FLORIDA A & M UNIVERSITY

PURCHASING CARD REPORT

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 MUST BE SENT TO THE CARD HOLDER FOR SIGNATURE AND FORWARDED TO THE CONTROLLER FOR PROCESSING.

PURCHASING CARD NUMBER: _____

CARD HOLDER'S NAME (PRINT): _____

DATE OF PURCHASE: _____

ITEM PURCHASE: _____

DEPARTMENT NAME: _____

DEPARTMENT NUMBER, Fund Code, Program Code: _____

ACCOUNT CODE (OBJECT CODE): _____

PROJECT CODE: _____

VENDOR NAME: _____

VENDOR CONTACT NAME: _____

VENDOR CONTACT PHONE NUMBER: _____

JUSTIFICATION FOR PURCHASE: _____

RECEIPTS FOR ITEM(S) PURCHASED MUST BE ATTACHED

AS THE REQUESTER TO USE PCARD _____ DATE: _____

SPONSORED PROGRAM APPROVER _____ DATE: _____

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

_____ DATE: _____