



REQUEST FOR DISTRICT PURCHASE CARD USE

**In order to use a District P-Card, you must have
(1) a valid Purchase Order and (2) this completed form.**

REQUESTOR NAME: _____ DEPARTMENT: _____
 EMAIL: _____ PHONE: x _____

PO #: _____
 OCAS: _____

PURPOSE: <input type="checkbox"/> Hotel reservation(s) <input type="checkbox"/> Conference registration(s) <input type="checkbox"/> Membership(s) - Institutional Only <input type="checkbox"/> Purchase of goods <input type="checkbox"/> Purchase of service(s)	VENDOR NAME: _____ _____ _____ _____	VENDOR #: _____ _____ _____ _____
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DATE CARD NEEDED FOR PURCHASE:

READ CAREFULLY

I understand that by using this P-Card I must, upon conclusion of this activity, account for all purchases made. Expenses will be documented in the form of original ITEMIZED invoices/receipts from vendors that detail the nature of the expense and the amount of the expenditure. All signed and dated ITEMIZED receipts/invoices shall be submitted to the Accounting Department as soon as they are available. I acknowledge that by using this card, I agree to abide by all District policies and procedures regarding documenting of expenses. I also agree that if I fail to document any and all expenditures, I will make immediate reimbursement to the District. I agree that the District may, at its discretion, use any methods that are legally available to it to recover undocumented expenditures and collection cost from me.

SIGNATURE: _____ **DATE:** _____

**Contact the Accounting Department at purchasecard@unionps.org
to make an appointment to use a District P-Card.**

FOR ACCOUNTING USE ONLY

APPROVED BY _____	DATE _____
CARD NAME _____	CARD # _____
Itemized receipts received _____ / / _____	Total Documented Expenses \$ _____