



## P-Card Transaction Form

This form must be completed for all P-Card Transactions to provide full details of the purchase.  
It supersedes all other previous forms. Each section must be completed FULLY.

|                                                                                                                                                                                                                                     |                   |                   |                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|-------------------------|
| <b>Name of Cardholder<br/>(or Person Requesting the Purchase)</b>                                                                                                                                                                   |                   |                   |                         |
| <b>Date of Purchase</b>                                                                                                                                                                                                             |                   |                   |                         |
| <b>Vendor</b>                                                                                                                                                                                                                       |                   |                   |                         |
| <b>Detailed Purchase Justification</b>                                                                                                                                                                                              |                   |                   |                         |
| <b>Budget Code</b>                                                                                                                                                                                                                  |                   |                   |                         |
| <b>Item Description</b><br>*List out every line item on the receipt. Total item price must match each line-item charge*                                                                                                             | <b>Quantity</b>   | <b>Unit Price</b> | <b>Total Item Price</b> |
|                                                                                                                                                                                                                                     |                   |                   |                         |
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| <input type="checkbox"/> Sales Tax applied by vendor<br><input type="checkbox"/> Use Tax needs to be applied (calculate and list in the last column)<br><input type="checkbox"/> Items are tax-exempt/tax is included in item price | 1                 | Tax Amount:       |                         |
| <b>Total amount of the line items plus any applicable taxes</b>                                                                                                                                                                     |                   |                   |                         |
| Sign to certify receipt of the goods purchased for District use.                                                                                                                                                                    | <b>Signature:</b> |                   | <b>Date:</b>            |