

EBERLY COLLEGE OF ARTS & SCIENCES PCARD ORDER FORM
PACKING SLIPS AND/OR OTHER RECEIPT DOCUMENTATION MUST FOLLOW THIS FORM

DEPARTMENT

CARD# (LAST 6 DIGITS)

CARDHOLDER'S NAME

PHONE NUMBER

PURCHASER NAME

Expense Type

Expense Purpose

Please explain "Other" below.

ORDER DATE

VENDOR NAME

VENDOR CONTACT

PHONE FAX

REFERENCE NO.

Item	Quantity	Catalog#	Description/(Hospitality: Please provide date of event, purpose, justification, number of attendees, attendees' names and titles, and relationship, ex. recruit, employee, speaker, etc.) Attach separate sheet if necessary.	Unit Price	Extended Price
1					
2					
3					
4					
5					
6					

Justification

Shipping

Total

GL Account or POETA Account	DA or Project	Func. or Task	Fund or Award	Amount
Account #1				
Account #2				
Account #3				
Account #4				

Receipt to Follow

Receipt Attached

Exception Sheet Attached

Cardholder Signature _____

Budget Officer Signature _____