EBERLY COLLEGE OF ARTS & SCIENCES PROCUREMENT CARD ORDER FORM

PACKING SLIPS AND/OR CHARGE SLIPS MUST FOLLOW THIS FORM PLEASE READ INSTRUCTIONS AND RESTRICTIONS ON BACK BEFORE COMPLETION

DEPARTMENT ____PHYSICS_____

CARD # (LAST 6 DIGITS) _____

CARDHOLDERS NAME _____

PHONE NUMBER ___293-3422 x_____

PURCHASERS NAME _____
(If Different than above)

PHONE NUMBER __293-3422 x_____

SUPPLIES _____

SOFTWARE _____

EQUIPMENT _____

EQP COMPONENTS _____
Asset Tag # _____

Travel _____
(Attach Travel Authorization)

HOSPITALITY_
(Must include Itemized receipts. NO ALCOHOL).

Other _____

_____

ORDER DATE _____

VENDOR NAME _____

VENDOR CONTACT _____

PHONE # _____ FAX # _____

REFERENCE # _____
(Customer #, or Invoice #)

CONTRACT (Y/N)_____# _____

Itm	Quantity (each, case, pack)	Catalog #	Description / (Hospitality: Please provide purpose, justification and those who attended)	Unit Price	Extended Price
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

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

Receipt to Follow _____
Receipt Attached _____
Exception Sheet Attached _____

SHIPPING	
TOTAL	0.00

Cardholder Signature _____

Budget Officer Signature _____