

P-Card Disbursement Request

EXPENDITURE APPROVAL:

Date of Request: _____ Campus: _____

Organization/Department: _____ Vendor: _____

Reason for Request: _____

How does this purchase relate to your Campus Improvement Plan? _____

Estimated Cost: \$ _____ Budget Available? Yes No

Employee Signature

Date

Principal/Director Signature

Date

Grant Director Signature

Date

ORDER VERIFICATION: Order Date: _____ Cardholder Name: _____

Budget Code: _____ Total Cost \$ _____

Statement ID: _____ Transaction #: _____ Invoice #: _____

Date items/services received: _____

Budget Code: _____ Total Cost \$ _____

Statement ID: _____ Transaction #: _____ Invoice #: _____

Date items/services received: _____

Budget Code: _____ Total Cost \$ _____

Statement ID: _____ Transaction #: _____ Invoice #: _____

Date items/services received: _____

Budget Code: _____ Total Cost \$ _____

Statement ID: _____ Transaction #: _____ Invoice #: _____

Date items/services received: _____

ORDER VERIFICATION (Continued): **Cardholder Name:** _____

Budget Code: _____ Total Cost \$ _____

Statement ID: _____ Transaction #: _____ Invoice #: _____

Date items/services received: _____

Budget Code: _____ Total Cost \$ _____

Statement ID: _____ Transaction #: _____ Invoice #: _____

Date items/services received: _____

Budget Code: _____ Total Cost \$ _____

Statement ID: _____ Transaction #: _____ Invoice #: _____

Date items/services received: _____

Budget Code: _____ Total Cost \$ _____

Statement ID: _____ Transaction #: _____ Invoice #: _____

Date items/services received: _____

Budget Code: _____ Total Cost \$ _____

Statement ID: _____ Transaction #: _____ Invoice #: _____

Date items/services received: _____

Budget Code: _____ Total Cost \$ _____

Statement ID: _____ Transaction #: _____ Invoice #: _____

Date items/services received: _____

Budget Code: _____ Total Cost \$ _____

Statement ID: _____ Transaction #: _____ Invoice #: _____

Date items/services received: _____

P-CARD RECONCILIATION: MUNIS

Overage approved by: _____
Principal/Director Signature Date