

# P-Card Disbursement Request

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## EXPENDITURE APPROVAL:

Date of Request: \_\_\_\_\_ Campus: \_\_\_\_\_

Organization/Department: \_\_\_\_\_ Vendor: \_\_\_\_\_

SAF Munis Assignment Name/Number: \_\_\_\_\_

Estimated Cost: \$ \_\_\_\_\_ (must attach signed purchase request form as backup)

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## 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: \_\_\_\_\_

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: \_\_\_\_\_

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**P-CARD RECONCILIATION: MUNIS**

**Overage approved by:** \_\_\_\_\_  
Principal/Director Signature Date