

PROCUREMENT CARD PURCHASE REQUEST

DATE: _____

DEPARTMENT OR SCHOOL: _____

REQUESTOR'S NAME: _____

VENDOR: _____

GENERAL DESCRIPTION OF GOODS OR SERVICE TO BE PURCHASED:

ESTIMATED COST: _____

ACTUAL COST: _____

ACCOUNT NUMBER: _____

FOOD PURCHASES ONLY:

Number of Guests: _____

Cost per Guest: _____

Total Cost: _____

Please circle one: Travel Expense or In-service Expense

Requestor's Signature: _____

Administrator's signature: _____

(Electronic approval is allowed - Documentation must be attached)

**ALL TECHNOLOGY PURCHASES MUST BE APPROVED BY THE TECHNOLOGY
DEPARTMENT PRIOR TO BEING MADE**

Updated 4/23