



## PCARD PURCHASE FORM

Your name:

Vendor Name:

Travel Authorization number, if purchase is for travel:

Date:

Last 4 digits of card:

	Item Description		Amount
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\*You no longer need to itemize this form. Only enter a general description of the purchase.

\*\*If food was purchased, be sure to include the receipt, a list of attendees, and an agenda from the meeting or a flyer from the event.

<b>Provide a detailed reason <u>how this purchase benefits the UA:</u></b>	<b>Sub-total</b>	
	<b>Sales Tax</b>	
	<b>Shipping</b>	
	<b>Grand Total</b>	

Account Authorizer Signature:

**Tax Exempt?**      **If Yes, please attach**  
 No      Yes      **Tax Exemption**  
    **Certificate (AZ 5000)**

Account:

SubAccount:

Click here for more information  
 on the Tax Exemptions FSO site

**Email your PCard Form and receipts to: [pcard-docs@ame.arizona.edu](mailto:pcard-docs@ame.arizona.edu)**