

**PCard Form**  
COE CIS FTC  
Attach : PCard receipt

Cardholder Name : \_\_\_\_\_ Department/Unit: \_\_\_\_\_

Vendor Name : \_\_\_\_\_

Date of purchase: \_\_\_\_\_

_____	_____	_____	_____	_____	_____	Amount: _____
account number	sub-account	object code	sub-object	Project	org ref ID	
<i>Required</i>						

_____	_____	_____	_____	_____	_____	Amount: _____
account number	sub-account	object code	sub-object	Project	org ref ID	
<i>Required</i>						

Alcohol? If Yes, provide unrestricted account:

_____	_____	_____	_____	_____	_____	Amount: _____
account number	sub-account	object code	sub-object	Project	org ref ID	
<i>Required</i>						

Business/Research  
Purpose:  
Be specific.

**Who, What, When, Where, Why:**

*i.e.: liquid nitrogen for lab to be used in pyrolysis experiments. Do not write "lab supplies" or "for research"*

If **meal** - list individual attendees or group name : staple attendance sheet for group meetings (if available). Please provide **attendees** full name and affiliation

NOTE: please provide itemized meal receipts

Department/Unit use only

Account Authorization: \_\_\_\_\_ NetID: \_\_\_\_\_ Date: \_\_\_\_\_

**Print this form and attach to PCard receipts and forward to your Department/Unit. Department/Unit will forward to FTC Representative, 484 Rhodes Hall.**