PCARD USE FORM
Submit along with detailed receipt

Card Holder: ______________________  Purchase Date: ______________________

Program Info: ______________________ Vendor Name: ______________________

*Business Purpose* provides justification for WHY the expenditure was incurred, how it benefitted the UA and how it complied with all laws and regulations. *(No less than 10 words)*

Who benefits: ____________________________________________________________

What was purchased: ______________________________________________________

Why purchased: __________________________________________________________

*If the transaction is FOOD purchased for a meeting or conference, please attach:*  
☐ Agenda  ☐ List of Attendees (indicate employed by U of A or not)  ☐ Itemized Receipt

*For a large group of 20 or more*  Number of people in attendance

UofA Affiliation _______________________________________________________

*FOR ADMIN USE ONLY*

Account #: ______________________  Sub-Account: ______________________

Object Code: ______________________  If Travel Exp, TA#: ______________________

Dept. _____  Doc ID# ______________________  Transaction # ______________________

Rental car DOC# ______________________  Car fuel DOC# ______________________

Items Purchased:

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
<th>Sub-Account</th>
<th>Object Code</th>
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Shipping  
Sales Tax  

Total Dollar Amount