**School of Allied Health Professions**

**Prior Approval for P-Card Purchase**

Cardholder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Item Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated Cost: $\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Purchase Detail**  Transaction Date:  Transaction Amount:  Initials:  Reconciled: |

Department ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fund: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program:

Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project:

Speedtype: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PS Account: \_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| Approved: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  | Date: |
|  | Department Head |  |  |  |  |
| Approved: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  | Date: |
|  | Dean |  |  |  |  |

Created 9/30/11