**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