

## Resource Management & Development Purchase Request Form

P-Card Purchase	Purchase Order	Other
(Attach receipts)	(Quotes)	(Attach documentation)

\*Accountable Officer or Designee Signature required

Purchaser/Cardholder: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

This is a travel related purchase. Traveler: \_\_\_\_\_ Traveler EID: \_\_\_\_\_ TR#: \_\_\_\_\_

Name & Date of Event/Meeting/Conference	
Name & Date of Event/Meeting/Conference	
Name & Date of Event/Meeting/Conference	

**Vendor Information** Name: \_\_\_\_\_  
New Vendor Address: \_\_\_\_\_  
Address Info on File City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Business Purpose of Purchase. Additionally, If FOOD is purchased, please provide event agenda or flyer, approximate number of participants, & relationship to USF (staff / faculty / students / guests):**

Total Amount of Purchase: \$ \_\_\_\_\_

**Chart field to be Charged:**

Dept	Fund	Product	Initiative	GL Account	Amount

Please send all PCard receipts to [RMD-pcard@usf.edu](mailto:RMD-pcard@usf.edu)

Purchaser's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Accountable Officer/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: I certify the purchase did not include alcohol and this expense fully supports my department and USF's Mission.

Resource Management & Development Office Use Only		
<b>PCard</b>	<b>PO</b>	<b>Internal Billing</b>
Name:	PO#:	Invoice Received:
Date:	Receipt#:	Chartfield sent to Invoicing Dept:
Amount:	Preparer Signature:	
Verified By:		
Approved By:		