

This form must be approved **PRIOR** to any Procard use. The request must be completed by the cardholder or card user and submitted for approval at least 3 business days in advance of purchase. In all cases, the cardholder must sign this form.

Requestor (Please print):		Name of Cardholder:	
Requestor's Signature:		Cardholder's Signature:	
Date Form Submitted:		Date Card Needed:	Anticipated Return Date:

Vendor	Description of Purchase	Cost Center or WBS Element	G/L Code or Sponsor Class	Qty	Price Per Item	Line Total

<input type="checkbox"/> Check if sales tax will be paid and attach justification and/or request reimbursement as UK is sales tax exempt.	Total sales tax paid	
<input type="checkbox"/> Check if you ARE NOT using an approved UK vendor and attach justification.	Grand total:	

**Business Purpose/Justification for Purchase:**

Supervisor's Approval Signature:		Approval Date:	
P.I.'s Approval Signature (if needed)		Approval Date:	

- Your signature acknowledges your Procard responsibility and adherence to Procard procedures and restrictions.
- An itemized receipt (not just a total purchase amount) must be submitted for monthly Procard edits.
- You must ensure the Procard is only used for the items listed above and is returned by the anticipated return date.

**If you are not the Cardholder, please complete this section:**

Requestor's Check-out Signature:		Check-out Date:	
Requestor's Check-in Signature:		Check-in Date:	

Receipts must be reconciled with the monthly Procard edit statement, signed by the supervisor, and filed with the department. (Original forms and documentation must be filed with the department/unit.)

Procard Editor's Signature:		Date Edited:	
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