
Red * denotes Required Field.

Requester:

*First Name: First name of the requester. (Pre-populated)

*Last Name: Last name of the requester. (Pre-populated)

*Date: Enter in the Date. mm/dd/yyyy

*Department: The requester's department.

*Phone: The requester's phone number.

*E-mail: The requester's email address (Pre-populated)

Requester:

First Name:

*

Last Name:

*

Date:

*

Department:

*

Phone:

*

E-mail:

*

Business Purpose:

*Enter in the Business Purpose. (Please give details)

Business Purpose:

Please include as much detail as possible.

*

Supplier:

*Supplier's Name:

*Supplier's Contact First and Last Name:

*Supplier's Phone Number:

Supplier's email address:

Supplier's Address, City State, Zip:

Supplier:

Name:

Contact First Name: Contact Last Name:

Phone: E-mail:

Address:

City: State: Zip:

*Item: Enter the item's model number / reference number / catalog number.

*Description: Enter the item's Descriptions and other valid information.

*Quantity: Enter the number you intend to order.

*Unit Price: Enter the unit price per unit.

*Amount: Enter the Dollar amount of (Quantity X Unit Price).

Item	Description	Quantity	Unit Price	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Repeat as needed up to 6 lines.

*Subtotal: Sum the Amount column.

*Shipping: Enter the dollar amount for shipping.

*Grand Total: enter the dollar amount of Subtotal and Shipping.

*Amount: The amount being allocated to Department Account.

Fund: The Fund number to be used.

*Department: The Department number to be used.

Program: The Program number to be used.

Class: The Class number to be used.

Project/Grant: If applicable

Account: The Account to be used.

Amount	Fund	Department	Program	Class	Project/Grant	Account
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Department Approver: Choose (Approve or Dis Approve).

Enter a Comment if needed.

Department Approver:

* Fiscal Approver: Choose (Approve or Dis Approve).

Enter a Comment if needed.

Fiscal Approver:

Save Progress: Save, but continue working on this form.

Next: Move on to the next step



P-Card Purchase Request

Requester:

First Name: Last Name:

Date: This field is required. Department: This field is required.

Phone: This field is required. E-mail:

Business Purpose:
Please include as much detail as possible.

This field is required.

Supplier:

Name: This field is required.

Contact First Name: This field is required. Contact Last Name: This field is required.

Phone: This field is required. E-mail:

Address:

City: State: Zip:

Item	Description	Quantity	Unit Price	Amount
<input type="text"/> This field is required.	<input type="text"/> This field is required.	<input type="text"/> This field is required.	<input type="text"/> This field is required.	<input type="text"/> This field is required.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subtotal:				<input type="text"/> This field is required.
Shipping:				<input type="text"/> This field is required.
Grand Total:				<input type="text"/> This field is required.

Amount	Fund	Department	Program	Class	Project/Grant	Account
<input type="text"/> This field is required.	<input type="text"/>	<input type="text"/> This field is required.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Department Approver:

Final Approver: