

**PURCHASE AUTHORIZATION FORM**  
**For University Purchase Card**

**DATE:** \_\_\_\_\_

**NAME OF PERSON MAKING REQUEST:** \_\_\_\_\_

**ACTIVITY/PROJECT TO BE BILLED FOR PURCHASE:**

\_\_\_\_\_

**ESTIMATED AMOUNT:** \_\_\_\_\_

**VENDOR:** \_\_\_\_\_

**CONTACT INFORMATION:** (Be as specific as possible – exact URL if on-line; phone #, etc)

**ITEMS TO BE PURCHASED** (Please provide as much detail as possible):

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**Information below to be completed by P Card holder**

Telephone Order Information:

Supplier Name: \_\_\_\_\_

Date Order Placed: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Order Called in by: \_\_\_\_\_  
(Must be the Cardholder)

Order Called to: \_\_\_\_\_  
(Supplier's Representative)

**Please attach receipt and return authorization form and receipt to Joyce Bawden within 24 hours of receipt of merchandise.**