

Purchasing Card Approval Form

Vendor Name: _____

Purchase Date: _____ Total Amount: \$ _____

Please indicate purchase type below	Additional Information	
<input type="checkbox"/> Lab Supplies <input type="checkbox"/> Lab Equipment <input type="checkbox"/> Office Supplies <input type="checkbox"/> Travel – Please complete this box → <input type="checkbox"/> Computer Equipment < \$5,000 <input type="checkbox"/> Equipment Repair and Maintenance <input type="checkbox"/> Chemical or Gas <input type="checkbox"/> Computer Supplies <input type="checkbox"/> Other _____	Adding Value? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate the Decal # _____	
	Travel TA# or ER# _____ <input type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Foreign	
Description of items purchased	Justification (Benefit to the project)	Not required if a TA or a ER is provided

Please indicate Project to pay it from	Split Charge? <input type="checkbox"/> Yes/% <input type="checkbox"/> Yes/\$ <input type="checkbox"/> No
<input type="checkbox"/> Project: _____	<input type="checkbox"/> Project: _____
<input type="checkbox"/> Project: _____	<input type="checkbox"/> Project: _____
<input type="checkbox"/> Project: _____	<input type="checkbox"/> Project: _____
<input type="checkbox"/> Project: _____	<input type="checkbox"/> Project: _____

Per PCard compliance, please be sure your receipt clearly displays all of the following:

- Unit cost of each item
- Description of each item purchased
- Total cost of purchase
- Date of purchase
- Vendor's Name

For more information regarding directives and procedures, visit this website:

<https://procurement.ufl.edu/uf-departments/directives-procedures/>