



Initiated by:		Tel. No.		Mail Code		Date:	
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	Item Description	Units	Unit Cost	Ext. Cost
1.				
2.				
3.				
4.				
5.				
6.				
Purpose of Purchase:			Sales Tax	
			Shipping	
Exceptions to Restrictions (must be signed by Pres. Or VC) :			Add'l Cost	
			Total	

Merchant/Payee				
Contact Name				
Street/P.O. Box				
City		State		Zip
Tel. No.		Fax		email

Delivered To:				
Street/P.O. Box				
City		State		Zip
Tel. No.		Fax		email

Approvals:	Department			
	Print Name:	Signature:	Date:	
Authorized by:				
PCard Approver:				
Cardholder/User				
IT Coordinator: <small>(when required, see PCard Manual)</small>				
President/Vice Chancellor: <small>(when required, see PCard Manual)</small>				

Fund:		Receiving Information		<input type="checkbox"/> District PCard Used:
Org.:		Expected Delivery Date:		This item was ordered using a District Office PCard and will be shipped directly to your department. When materials are received and/or the order is complete, please sign, date and return this form and paperwork to:
Account:		Actual Delivery Date:		
Program:		Received by:		
Activity		Tel. No.:		Purchasing DO-1420

Notes:	
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