School of Allied Health Professions
Prior Approval for P-Card Purchase

Cardholder Name: _____

Department: _____

Vendor: _____

Purpose: _____

_____

Item Description: _____

_____

Estimated Cost: $_____

Department ID: _____

Fund: _____

Program: _____

Class: _____

Project: _____

Speedtype: _____

PS Account: _____

Product Code _____

Purchase Detail

Transaction Date: _____

Transaction Amount: _____

Initials: _____

Reconciled: ☐

Approved: _____ Date: _____
Department Head

Approved: _____ Date: _____
Dean