



Financial Services PCARD Expense Form

Name:

Department:

Purchase Date:

What Was Purchased?

Where did you purchase the item(s)?

Business Purpose - please be specific.

If receipt is for a business meal, please list names of those in attendance (if 6 or fewer) or description of group (if 7 or more).

Please tape the receipt here

IF GRANT EXPENSE:

Principal Investigator:

Name: _____

Signature: _____

Date: _____

Office of Sponsored Programs:

Name: _____

Signature: _____

Date: _____

What was the total expense?

Suggested Budget:

Program: Athletic Team/Academic Program/Cluster/General

This completed form and purchase receipt/
invoice must be submitted to your FSC within
seven (7) days of the purchase.