



Byrd Center - PCard Transaction Form

INSTRUCTIONS:

- This form is required to record transaction activity and must be completed in its entirety. Original, itemized receipts or equivalent documentation must be attached.
- Form may be used for multiple purchases for the card listed below if all are under same business purpose and chartfield. Additional sheets may be attached as needed.

SECTION I: CARD INFORMATION

Card type (check one) : ☐ OSP Card ☐ Department Card

Last 4 digits of card: _____ Name embossed on card: BYRD POLAR RES CENTER

Purchase made by: _____

BUSINESS PURPOSE:

	Supplier:	
1.	Item Description:	Amount: \$
2.	Item Description:	Amount: \$
3.	Item Description:	Amount: \$
4.	Item Description:	Amount: \$
	Purchase date:	TOTAL: \$

SECTION III: WORKTAGS

CC	_____	Fund	_____	BL	_____	Grant	_____	Program	_____
CC	_____	Fund	_____	BL	_____	Grant	_____	Program	_____
CC	_____	Fund	_____	BL	_____	Grant	_____	Program	_____
CC	_____	Fund	_____	BL	_____	Grant	_____	Program	_____
CC	_____	Fund	_____	BL	_____	Grant	_____	Program	_____
Dean / VP / Designee Signature	X						Date		

SECTION V: CERTIFICATION OF TRANSACTION(S)

<input type="checkbox"/>	I certify that the above purchase(s) was/were made in accordance with university Expenditure, Purchasing, and Travel policies. Failure to comply with these policies may result in revocation of card privileges, corrective action up to and including termination, and/or criminal action. The university will seek restitution for any inappropriate charges.		
Purchaser's Signature	X		Date

PRE-APPROVAL _____ DATE _____ PCard Transaction Form - Revised 4/12/2022