

Date _____

P-Card number _____

Vendor _____

Deliver to:

Contact/Phone _____

Building budget _____

Special instructions:

Qty	Units	Item #	Description	Unit price	Total	Account code

Subtotal

Tax

Shipping

Misc. charge

Total cost

Ordered by (signature) _____ ****Original signature required! Please print and sign.****
(This notation will not print.)

Date _____

Approved by (signature) _____ ****Original signature required! Please print and sign.****
(This notation will not print.)

Date _____