

# Access and Opportunity Programs

921 S. 8<sup>th</sup> Ave. Stop 8345

Pocatello, ID 83209

(208) 282-3242

## P-Card Purchase Form

Employee Name: \_\_\_\_\_

Date of purchase: \_\_\_\_\_

Check Box

Receipt included

List/Signatures of Individuals in attendance

Agenda included

- Include Sam.gov verification when applicable

Please indicate description and Business Purpose: \_\_\_\_\_

Please List Total Amount of Purchase: \$ \_\_\_\_\_

- Please Indicate Allocation in Percentage Form:

Percentage

Dollar Amount

		Percentage	Dollar Amount
SSS	RTRO18		\$
ETS MV	RTRO19		\$
ETS SE	RTRO20		\$
MVEOC	RTRO21		\$
UB	RTRO23		\$
MCNAIR	RTRO24		\$
UBMS	RTRO25		\$
EOC EAST	RTRO26		\$
VUB	RTRO27		\$
CAMP	RSSC02		\$
Other:	LTRIO1		\$
Other:			

I certify that all transactions were made for use by Idaho State University in accordance with the Cardholder Policy and Procedure Manual.

- A student list is required for any and all consumable (food) products
- Always include receipt. Should the receipt become lost or if reimbursement is otherwise required without a receipt, contact Administrative Assistant

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_