

Access and Opportunity Programs

921 S. 8th 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

Please indicate description and Business Purpose: _____

Please List Total Amount of Purchase: _____

Please Indicate Allocation in Percentage Form:

Percentage

Dollar Amount

		Percentage	Dollar Amount
UB	RTRO14		
UBMS	RTRO15		
McNair	RTRO16		
Veteran's	RTRO17		
SSS	RTRO18		
ETS MV	RTRO19		
ETS SE	RTRO20		
EOC	RTRO21		
CAMP	RSSC02		
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: _____