ANR PCARD USE FORM Submit along with detailed receipt

Card Holder:	I	_ Purchase Date:				
Vendor Name:	Account:		County:			
Cooperative Extension, a Division of Ag serves as a statewide network of know Arizonans. Cooperative Extension prov Resources assists farmers, ranchers, ag	vledgeable faculty an vides a link between t	d staff that p he university	rovides lifelong and the citizens	educational p of this state.	programs fo Agricultur	or all re and Natural
Items Purchased:						
Who Benefits:		#Attendees				
Business Purpose:						
Date & Location of Event:						
ATTENTION: An agenda and list of attended Agenda List of Attender *For a group of 25 or more, instead and their UofA Affiliation	ndees (indicate emplead of a List of Att	oyee, DCC, st endees, list	akeholder,etc.) the number	Item of people in	nized Rece attendar	eipt nce:
	FOR AD		ONLY			
Account #	Dept #					
DOC ID #	Transaction	#				
Rental car DOC	Car fuel DOC # If Travel Exp, TA #					
Items Purchased:						
Description		Cost	Sub-Acct	Obj Code	Sub-Obj Code	Project Code
	Shipping					
Tot	Sales Tax al Dollar Amount		Tax Exen	npt [*]		
*Tax exempt codes: 3820, 3870, 5520, 5 *Do not use 5560 for shipping charges	540, 5560*, 5810, 583		 0, 7820, 7830, 91	175		