PCARD USE FORM Submit along with detailed receipt

Card Holder:	Pr	Purchase Date:					
Vendor Name:	Account:		County:				
Cooperative Extension, a Division of Ag as a statewide network of knowledgea Extension provides a link between the u	ble faculty and staff that	t provides life	elong educationd				
Items Purchased:							
Who Benefits:		#Attendees					
Business Purpose:							
Date & Location of Event:							
ATTENTION: An agenda and list of atte	endees (indicate emplo ead of a List of Atten	oyee, DCC, st ndees, list	akeholder,etc.) the number o	f people in a	nized Rece attendanc	e:	
	FOR ADM		ONLY				
Account #	Dept #						
DOC ID #	Transaction #						
Rental car DOC	Car fuel DOC #	_ Car fuel DOC # If Travel Exp, TA #					
Items Purchased:							
Description		Cost	Sub-Acct	Obj Code	Sub-Obj Code	Project Code	
	Shipping						
		Tax Exen	npt*				
То	tal Dollar Amount						
*Tax exempt codes: 3820, 3870, 5520, *Do not use 5560 for shipping charge			0, 7820, 7830, 91	175			