

CCHC PCARD USE FORM

Submit along with detailed receipt

<input type="checkbox"/> Check if receipt is taped to back of form
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Card Holder: _____ Purchase Date: _____

Vendor Name: _____ Account: _____ County: _____

Cooperative Extension, a Division of Agriculture, Life and Veterinary Sciences, is an outreach arm of the University of Arizona serves as a statewide network of knowledgeable faculty and staff that provides lifelong educational programs for all Arizonans. Cooperative Extension provides a link between the university and the citizens of this state. The Child Care Health Consultation program provides services to licensed center-based providers in the First Things First Yavapai Region. The Child Care Health Consultant (CCHC) provides technical assistance, health and safety information, conducts training, and provides other direct or referral services related to health and safety to early childhood providers for children birth to age five.

Items Purchased: _____

Who Benefits: _____ #Attendees _____

Business Purpose: _____

Date & Location of Event: _____

ATTENTION: An agenda and list of attendees are required for all food purchases; with the exception of food purchased for demonstrations.

Agenda
 List of Attendees (indicate employee, DCC, stakeholder, etc.)
 Itemized Receipt

*For a group of 25 or more, instead of a List of Attendees, list the number of people in attendance: _____

and their UofA Affiliation _____

FOR ADMIN USE 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					
Sales Tax		<input type="checkbox"/> Tax Exempt*			
Total Dollar Amount					

Tax exempt codes: 3820, 3870, 5520, 5540, 5560, 5810, 5830, 5850, 7810, 7820, 7830, 9175

*Do not use 5560 for shipping charges that including handling charges.