## Master Gardener PCARD USE FORM Submit along with detailed receipt

Check if receipt
is taped to back of
form

Card Holder:	Purchase Date:					
Vendor Name:	_ Account: _	ccount: County:				
Cooperative Extension, a Division of Agricultur serves as a statewide network of knowledgeab Arizonans. Cooperative Extension provides a lii trained volunteers who provide educational inj	ole faculty and nk between th	staff that pe e university	rovides lifelong and the citizens	educational p of this state.	programs fo	or all
Items Purchased:						
Who Benefits:		#Attendees				
Business Purpose:						
Date & Location of Event:						
ATTENTION: An agenda and list of attendees are List of Attendees (in *For a group of 25 or more, instead of a and their UofA Affiliation	indicate emplo	yee, DCC, st	akeholder,etc.) the number o	Iten	nized Reco	eipt e:
	*FOR ADN	IIN USE	ONLY*			
Account # D	ept #	<del></del>				
DOC ID # Ti	ransaction #					
Rental car DOC Ca	Car fuel DOC # If Travel Exp, TA #					
Items Purchased:						
			_		Sub-Obj	
Description		Cost	Sub-Acct	Obj Code	Code	Project Code
	Shipping					
	Sales Tax		Tax Exen	npt*		
Total Dolla	r Amount					