

SUL ROSS STATE UNIVERSITY

A Member of The Texas State University System **Procurement and Business Services P-Card Requisition Form** 

## TO BE COMPLETED BY DELEGATE:

Contact & Vendor Information								
Department:		Date of Request:		5 5				
Contact Person:			Desired Delivery Date:					
Contact Person Phone No.:			Vendor Name:					
			Vendor Contact:					
			Vendor Phone:					
Item No. Item Description		Qty	Unit of Measure	Unit Cost	Extended Cost			
-					s			
					Total	.1		

Reason for Purchase: \_\_\_\_

Requestor Signature: \_\_\_\_\_

## TO BE COMPLETED BY ACCOUNT MANAGER OR THEIR DESIGNEE:

Fund/Organization/Program and signature approval required below							
Fund:	Org:	Program:					
Printed Name:							
Title:							
37		24					
Signature:							
Account Manager or Assigned Desginee							

Attach this form to the appropriate P-Card Expense report.