**Instructions**: This form is required to use the P-Card. The completed form, including all signatures, must be sent to the FASC Business Office for processing. Request for use of the P-Card must comply with the University Procurement Policy 20.1.11.

**NEW UNIVERSITY POLICY:**

* **Single transactions cannot exceed $2,500**
* **Card may not be used for travel-related expenses (with the exception of conference fees)**
* **May not use for vendors that are currently registered in RU Marketplace**

To be completed by the Department:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Department: | | | | | | | | |
| Requester: | | | | | | | | |
| Email Address: | | | | | | | | |
| Supplier: | | | | | | | | |
| Street Address, City, State, and Zip Code: | | | | | | | | |
| Amount: | | | | | | | | |
| Description and Business Purpose (attach supporting documents): | | | | | | | | |
| Justification to use P-Card: | | | | | | | | |
| **UNIT** | **DIVISION** | **ORGANIZATION** | **LOCATION** | **FUND TYPE** | **BUSINESS LINE** | **ACCOUNT** | **PROJECT**  **If applicable** | **TASK** |
|  |  |  |  |  |  |  |  |  |

SIGNATURE OF BUSINESS MANAGER/OR GRANTS ACCOUNTING (PRINT NAME) DATE

SIGNATURE OF THE DIRECTOR/DEPARTMENT HEAD AND TITLE (PRINT NAME) DATE

*I hereby certify that the requested information provided above is accurate and reliable and has been reviewed and approved by the Director or Department Head to proceed and that the use of the Procurement Card is appropriate.*