

OSP PCard Purchase Request / Expense PRE-APPROVAL

INITIAL IF
RUSH

Name and contact information of requestor:

Name: _____ Phone: _____ Email: _____

Vendor name and contact information: (one vendor per form)

UHCL Account # w/vendor (if applicable):: _____ Vendor Check: OK On Hold

Tax exempt status on file: Yes No If No, Tax Exempt form must be attached.

Items to be purchased

Description	Qty	Price (ea.)	Price (total)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special instructions:

Cost Center: _____ ST: _____ Account Code: _____ Amount: _____

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Statement of benefit to the university and/or grant:

NOTE: OSP WILL NOT COVER ANY PCARD CHARGES THAT HAVE NOT BEEN PRE-APPROVED. SIGNATURES BELOW INDICATE THE UNDERSTANDING THAT THE SCHOOL OR DEPARTMENT IS RESPONSIBLE FOR ANY EXPENSES NOT PRE-APPROVED BY OSP.

Principal Investigator _____ Date _____

Dean/Dept. Head (if applicable) _____ Date _____

Business Coordinator _____ Date _____

Office of Sponsored Programs _____ Date _____