

# PCARD FORM

## AG BUSINESS CENTER

**\*\*Use This Form for PCARD Purchases ONLY\*\***

*(When typing in the tables below use the Tab key to move between boxes)*

Doc ID #: \_\_\_\_\_

CARDHOLDER NAME: \_\_\_\_\_ DEPT. NO.: \_\_\_\_\_

PI / PROJECT (items purchased for) \_\_\_\_\_

VENDOR NAME: \_\_\_\_\_

DATE OF PURCHASE: \_\_\_\_\_

AMOUNT OF PURCHASE: \_\_\_\_\_

ACCOUNT NUMBER(S) TO BE CHARGED: \_\_\_\_\_ AMOUNT TO BE CHARGED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXPLANATION: WHAT WAS PURCHASED & BENEFIT OR USE OF ITEM(S)?**  
**(Example: Parts to fix Auger at Lockman grain bin; or grass shears to obtain field samples)**

**\*\*If purchase is an Official Function expense,  
please complete and attach the Official Function form in addition to the PCARD form\*\***

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**FOR ACCOUNTING USE ONLY:**

**Date Reallocated:**

Reallocated by: \_\_\_\_\_

Account Manager Review Completed: \_\_\_\_\_