

# USG P-Card Request

Today's Date: \_\_\_\_\_ Date of Event: \_\_\_\_\_ Date Purchase needed: \_\_\_\_\_

Requestor: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Budget Line Item: \_\_\_\_\_

Description: \_\_\_\_\_

Store: \_\_\_\_\_  
 Address: \_\_\_\_\_ Tele: \_\_\_\_\_ Fax: \_\_\_\_\_

Description	Estimated Qty	Estimated Cost	Estimated Extension	Actual Qty	Actual Cost	Actual Extension
<b>Total:</b>						<b>% Dev:</b>

**I, the undersigned Cabinet Director, Senator or Executive, certify that the above information is accurate and complete.**

Director or Senator Signature: \_\_\_\_\_

Director or Senator Name: \_\_\_\_\_

**(For Office use only!)**

1. Approved by treasurer: \_\_\_\_\_

2. Approved by Advisor: \_\_\_\_\_

3. Purchased by Office Ad: \_\_\_\_\_

Receipts attached? \_\_\_\_\_

4. Accounted for: \_\_\_\_\_

Receipts attached? \_\_\_\_\_