

Payment Card

PURCHASE SUMMARY



Please complete this form after making a purchase using the department purchasing card.

General Purchase Details

VENDOR NAME: _____

PURCHASER NAME: _____

ITEM(S) PURCHASED: _____

✕ Please provide a brief description of the item(s) purchased.

REASON FOR PURCHASE: _____

PURCHASING ACCOUNT: _____

✕ If you are not sure which account will be used, leave this field blank.

DATE OF PURCHASE: _____

AMOUNT OF PURCHASE: _____

Special Considerations

Meals

If this purchase is a meal, include the following extra information:

LOCATION: _____

ATTENDEES: _____

✕ If the list of attendees will not fit in this area, attach it as a separate page.

Conference Registration

If you registered for any type of conference or seminar, include the following extra information:

CONFERENCE NAME: _____

DATE(S) OF CONFERENCE: _____

LOCATION: _____

- I am registering for myself.
- I am registering for someone else. Name of attendee: _____
- This purchase will use Professional Development funding.

Gifts

If this purchase is a gift, include the name and UIN of each recipient.

_____	_____	-	_____	-	_____	_____	_____	-	_____	-	_____
_____	_____	-	_____	-	_____	_____	_____	-	_____	-	_____

Additional Notes

- ✕ Itemized receipts must be included for all purchases. **Please do not tape the receipts to paper.**
- ✕ Purchases may not include Texas sales tax.
- ✕ Do not use the purchasing card for travel, except in the case of conference registration.

ACCOUNTING STAFF USE ONLY
PO# _____
CR# _____
OC _____