P-card Checkout Request Form

Project Name: _____

Student(s) Name: _____

Student Phone Number: _____

Student Email: _____

Mentor: _____

PCard check-out date: _____

Return PCard no later than: _____

Item (s) description:

Vendor name and contact information including location:

Description of reason for purchase: (Why is this needed for the project?)

P-card Checkout Request Form

I understand that an itemized receipt must be returned with the card or the team will lose purchase privileges for 2 weeks for a first offense and it will increase for multiple offenses. I will not write the card information down or store it any way for future use. I have read and signed the card user agreement and understand the consequences for misuse of the card.

Student Signature: _____

Date: _____

Instructor Approval Signature: _____

Date: _____

_____

Card Return:

Date and time of return: _____

Itemized receipt with vendor and date of purchase submitted with card return. _____

Items purchased match the description and justification provided at card checkout. _____

PCard Administrator Signature: _____

Date: _____