

*****FY 21 PURCHASE CARD ORDER - GIFT FUNDS ONLY*****

Req. #: N0068G-21-RQ

Requested by: _____		Phone #: _____		Date : _____			
Merchant: _____		Point of Contact: _____		Phone #: _____			
ITEM #	CATALOG NUMBER AND COMPLETE DESCRIPTION OF ITEMS			QTY	UNIT PRICE	TOTAL PRICE	REC'D DATE
1							
2							
3							
4							
5							
ITPR Required		HAZMAT	ACCOUNTABLE PROPERTY	Continuation page(s) total (if applicable)			
Other:		Merchant Surcharge (not to exceed 4% of purchase)					
NOTIFY VENDOR OF TAX EXEMPTION (ACCOUNT NUMBER 30005004)		Estimated Shipping					
		TOTAL PURCHASE PRICE					
		I have verified that every item is a necessary expense and meets minimum mission need.				I certify that the funds cited are properly chargeable and available for the purchase of items above.	
Cost Cntr/Sub-Cost Cntr Head signature:				Delegated Authorizing Official signature:			
Printed Name:		Date	Printed Name:				Date
Research \$\$ Only:		Research Office Authorization: _____		Signature for Account: _____			
End use: _____		Whose money? (e.g., dept? faculty member's research? Research Office (such as ONR-Midn) T&L? FDF? _____)					
Accounting Data - Gift Funds 17X8733. _____ 000 _____ 0 056521 2D Cost Code: 0068G1 _____		Req. #: N0068G-21-RQ					
CFMS-C Tech Name:	Phone #:	Date entered in CFMS-C:				Amount Authorized	
SCREEN ALL MANDATORY SOURCES BEFORE YOU MAKE YOUR PURCHASE & ATTACH SPECIAL APPROVALS IF REQUIRED							
★Purchase Can Not Be Made If Total Purchase Price Exceeds Amount Authorized★							
Cardholder Name:		Phone #:	Date Order Placed:			PIIN (BC) # N0068G-21-	
Cardholder Signature:		As an appointed USA Contracting Officer and Departmental Accountable Official, I have ensured that all purchases listed above are legitimate, fair, reasonably priced, screened for availability from mandatory sources, and all Purchase Card Program procedures were followed.					
Provide A Copy Of This Document To Your CFMS-C Technician After Purchase Is Made And PIIN # Has Been Assigned							
Receiver's Name:		Phone #:	Mail Stop #:	Date received:			
Receiver's Signature:		Receivers name, signature, phone #, mail stop #, and date received must be on this document, not the invoice, receipt, or packing slip.					
Payment / Statement Information:		Partial Payment/Credit: Final Payment/Credit:	Statement Month: Statement Month:	Amount: Amount:		Total Cost:	
Provide a copy of your monthly statement and all backup documentation to your CFMS-C Technician							
SUBMIT ORIGINAL DOCUMENT WITH STATEMENT UNLESS IT IS A PARTIAL PAYMENT							

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CONTINUATION SHEET

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