

Sam Houston State University
P-Card Requisition

TO BE COMPLETED BY DELEGATE:

<i>Contact & Vendor Information</i>					
Department:		Date of Request:			
Contact Person:		Desired Delivery Date:			
Contact Person Phone No.:		Vendor Name:			
		Vendor Contact:			
		Vendor Phone:			
<i>Item No.</i>	<i>Item Description</i>	<i>Qty</i>	<i>Unit of Measure</i>	<i>Unit Cost</i>	<i>Extended Cost</i>
Total					

Reason for Purchase: _____

Requestor Signature: _____

TO BE COMPLETED BY ACCOUNT CHAIR OR THEIR DESIGNEE:

Fund/Organization/Program and signature approval required below		
Fund:	Org:	Program:
<p>Printed Name: _____</p> <p>Title: _____</p> <p>Signature: _____</p> <p style="text-align: center;"><i>Account Chair or Assigned Designee</i></p>		