

FURNITURE P-CARD REQUEST FORM

Southern Illinois University
Carbondale, Illinois

(For Procurement Services Use Only)

Transaction #:

(Please refer to this number on all correspondence related to this transaction.)

Instructions:

All fields are required. Signed, completed form (with written estimate from approved IPHEC vendor, including specifications) must be forwarded to the Procurement Services Department for approval, via fax 453-6720 Upon Procurement Services' approval, a copy will be submitted to the Vendor, P-Cardholder, P-Card Administrator, and Fixed Asset Accounting. Vendor will contact P-Cardholder for card information before placing order.

* Transaction Number needs to be entered in the "Equip Purchasing Num" field, when reconciling this transaction within the P-Card System.

* If total dollar amount of this order exceeds the P-Cardholder's Transaction Limit, this limit will be temporarily increased in order to allow this transaction to be processed.

Charge Account Information

Budget Purpose	Dept. Act. 1 (if applicable)	Dept. Act. 2 (if applicable)	Object Code	Over-Riding Object Code (if applicable)	Fiscal Officer (or Delegate) Signature (Signature authorizes P-Card Transaction and temporary P-Card Transaction Limit increase if necessary)	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Vice Chancellor approval/signature required if total dollar amount of order is \$5,000 or more.

Chancellor approval/signature required if total dollar amount of order is \$50,000 or more.

Vice Chancellor Signature

Date

Chancellor Signature

Date

Date:

Total Price:
(Includes Installation Cost)

Quotation #:

Brief Description:

Vendor:

Department:

Requestor:

Phone No.:

E-Mail:

Fax No.:

P-Cardholder:

Phone No.:

E-Mail:

Fax No.:

Contact Person:
(for questions or further info.)

Phone No.:

E-Mail:

Furniture Affidavit has been completed & forwarded to CMS. Yes No

(For Procurement Services Use Only)

Purchasing Officer Approval

Date