



Institute of Genomics for Crop
Abiotic Stress Tolerance

Department of Plant & Soil Science
TEXAS TECH UNIVERSITY

PCARD PURCHASE FORM

Date: _____

PCard Holder Name: _____

PCARD CHARGE

Vendor name: _____

FOP to charge: _____

Attach receipt(s) to this form.

DESCRIPTION OF ITEMS PURCHASED:

PURPOSE FOR ITEMS PURCHASED:

REMINDER:

1. \$2,000.00 limit per vendor per month.
2. \$5,000.00 limit per month.
3. Use the Pcard unless it is a restricted purchase. Please contact Lori for the list of restricted purchases
4. Original itemized receipt(s) required. Provide a description/purpose for the items purchased in the space provided above.
5. **NO SALES TAX.** If charged, you will be responsible for contacting the vendor for the refund, if not, it is your responsibility to the exact tax with check or cash
6. **NO FOOD PURCHASES ARE ALLOWED UNLESS APPROVED BY LORI W.**