



TEXAS TECH UNIVERSITY

Department of Plant & Soil Science™

Date: _____

Faculty/Staff Name: _____

PCARD CHARGE

Vendor name: _____

FOP to charge: _____

Attach receipt(s) to this form.

REMINDER:

1. \$3,500.00 single purchase limit.
2. \$7,500.00 limit per month.
3. Use the Pcard unless it is a restricted purchase. Please contact Donna for the list of restricted purchases
4. Original ITEMIZED receipt(s) required. Provide a description in the note area below.
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

NOTES: _____
