

**EVENT DETAILS AND ACCOUNTING INFORMATION**

Event Name: \_\_\_\_\_ Location: \_\_\_\_\_ Event Date: \_\_\_\_\_

Business Purpose of Event: *(Detailed explanation required per IRS)*

Attendees: *- Employees who attend event must be identified and included with supporting documentation or retained in the P-card file.  
- List of attendees can be in the form of a roster or event registration list.*

No. of employees: \_\_\_\_\_

No. of students: \_\_\_\_\_ *In the space provided, list expected participants for pre-approval or actual attendees after event has occurred.*

No. of outside guest expected: \_\_\_\_\_

University Index       Foundation Index       Grant Index      Index Number   Acct. Code

P-Card cannot be used with Foundation Index

**REQUESTING PAYMENT WITH P-CARD (\* REQUIRES PREAPPROVAL AT LEAST 5 DAYS PRIOR TO PURCHASE DATE)**

\* To submit form to P-Card Compliance Office, it must be attached to the Food Purchase Routing-PCard Form for appropriate approving authority.

Vendors where meal/food/beverage items will be purchased:

Vendor #1: \_\_\_\_\_ Vendor #3: \_\_\_\_\_

Vendor #2: \_\_\_\_\_ Vendor #4: \_\_\_\_\_

Date of food purchase: \_\_\_\_\_ *(P-Card will be opened for use with above vendor(s) on this day)*

Total Estimated Costs: \_\_\_\_\_

**Cardholder certifies by signature that NO charges for alcoholic beverages will be included in the bill to the card.**

Cardholder Name: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

Cardholder Department: \_\_\_\_\_ Cardholder Phone #: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**REQUESTING VENDOR PAYMENT OR REIMBURSEMENT THROUGH ACCOUNTING SERVICES**

Vendor Payment:  M#  Invoice Amount: \_\_\_\_\_  
*(If applicable, W-9 attached)*

Make Reimbursement To:  M#  Reimbursement Request: \_\_\_\_\_

Address, City, State & Zip:

**Claimant certifies by signature that NO charges for alcoholic beverages are included in the requested amount from University funds.**  
*(NOTE: Foundation funds may be used if allowable per agreement.)*

Print Name and Sign: \_\_\_\_\_ Date \_\_\_\_\_  
*(If applicable) Claimant (University official requesting reimbursement must have been present when the meal was purchased or refreshments served)*

**AUTHORIZATION (required for all purchases)**

Approver Name: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_  
Department Head/Higher Authority Approval **(Required for All Requests)**

**TRANSACTIONED PURCHASES REQUIRE ORIGINAL ITEMIZED RECEIPT(S) OR INVOICE(S) FOR SUPPORT**