



**P-CARD CONTROL ACCOUNT FORM**  
**Office of Procurement**

Please print legibly. \*Required Fields

<b>Section 1: Requestor's Information</b>		
Last Name*	First Name*	Last 4 Digits of Employee ID No.*
Requesting Department/Cost Center Number*	Business Telephone*	Email*
<b>Section 2: Vendor/Merchant Information</b>		
Name of Vendor/Merchant*		Tax ID Number* (if incorporated, leave blank)
Total Amount of Charge*	Date*	
<b>Section 3: Additional Information</b>		
Quote must be attached from the vendor/merchant indicating the following: <input type="checkbox"/> Item Description <input type="checkbox"/> Name of Contact Person <input type="checkbox"/> E-mail Address <input type="checkbox"/> Telephone <input type="checkbox"/> Tax Rate 10%	Ship To Address: 1200 N. University Drive UAPB Warehouse Hazzard Annex Pine Bluff, Arkansas 71601  FOB: Destination	
<i>Note: All Purchases are subject to review and approval to assure compliance with existing state law. Adjustments may have to be made and some requests may not be approved if in conflict with Arkansas law.</i>		
<b>Section 4: Procurement Office Use Only</b>		
APPROVED PURCHASE: YES/NO	Total Amount To Be Charged* \$	
Exceptions To Charge(s): _____ _____ _____ _____ _____		
Approval Signature*		Approval Date*
Attachment(s): <input type="checkbox"/> Approved quote for the exact amount with all costs included* <input type="checkbox"/> Other, list other attachment(s) below, if any _____ _____ _____ _____		