UNIVERSITY of ARKANSAS AT PINE BLUFF 1873

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

Please print legibly. *Required Fields

| **Section 1: Requestor's Information** | | |
|---|---|---|
| Last Name* | First Name* | Last 4 Digits of Workday Employee ID.* |
| Requesting Department/Cost/Grant/Number* | Business Telephone* | Email* |

| **Section 2: Vendor/Merchant Information** | |
|---|---|
| Name of Vendor/Merchant* | Tax ID Number* (if incorporated, leave blank) |
| Total Amount of Charge* | Date* |

| **Section 3: Additional Information** | |
|---|---|
| Quote must be attached from the vendor/merchant indicating the following:<br>☐ Item Description<br>☐ Name of Contact Person<br>☐ E-mail Address<br>☐ Telephone<br>☐ Tax Rate 9.375% | Ship To Address:<br>1200 N. University Drive<br>UAPB Warehouse<br>Hazzard Annex<br>Pine Bluff, Arkansas 71601<br><br>FOB: Destination |
| ***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.*** | |

| **Section 4: Procurement Office Use Only** | |
|---|---|
| APPROVED PURCHASE:<br>YES/NO | Total Amount To Be Charged*<br>$ |
| Exceptions To Charge(s): | |
| Approval Signature* | Approval Date* |
| Attachment(s):<br>☐ Approved quote for the exact amount with all costs included*<br>☐ Other, list other attachment(s) below, if any | |