

PROCARD VOUCHER

Purchase Date:	Purchaser Name:	
Vendor Name:	Cardholder Name:	
Amount:	Cardholder Dept:	
ems Purchased:	Business Purpose:	
STEP 2: pre-authorization		
REQUIRED FOR PURCHASES GREATER	THAN \$500	
EXPLAIN ANY EMERGENCY PURCHASES M AUTHORIZATION IN BUSINESS PURPO		

STEP 3: EDIT INFORMATION (FOR DEPT USE)

Supervisor (or Delegate) Signature

Item	Expense Category	Cost Center/WBS Element	Assignment/ Internal Order	Amount
		I	Grand Total	

Date