Procurement Card Justification Form

Cardholder Name		Carldholder EmpID#	
Date of Purchase		Vendor	

Item(s) purchased	Cost
Tax	
Shipping	
Other	
Total	$0.00

Fund(4)	Dept ID(5)	Program(5)	Project(8)	CF1(10)	CF2(10)	Amount
					Total	$0.00

Justification			
(Who will use/benefit from the purchase, why was it purchased, how will it be used, when will it be used, where will it be used?)			
Signature		Date	