

p-Card Voucher

Approval Date: _____

Not-to-Exceed: _____

Account Number: _____

Reason for Purchase: _____

Employee Name:
Please Print _____

Supervisor Name:
Please Print _____

Employee Signature _____

Supervisor Signature: _____

Office Use Only

p-Card # Issued: _____

Total Purchases: _____

p-Card issue date: _____

Cashier Initials: _____

If more than one account number is needed please provide all account numbers used for charges as well as the breakdown of charges by account number.