

REQUEST FOR AUTHORITY TO SPEND

Procurement and Travel Card Services

	Departn	nent Name			Date	Card privilege are revoked after 150 points	Requester's S	Signature
	Budget I	nformati	on			Requestor's	Informatio	'n
Procurem	nent Card Amount		Travel Card Amo	ount		Requestor Nam		
Office Phone		Departmental Card Administrator		Requestor's ID #			Estimated Period of Request ONLY	
							From	То
Ins	struction		Restriction	ns		E-Mail Addr	ess /Signatu	ıre
	: these forms must	NO Equ	iipment w/o p				8	
be in	n triplicate				Department Chair Signature			
			ent can be cha			Department C	man Signature	
		Card,	other than Ho	otel Fares				
No Una	authorized Use	N	O Gas Purcha	ases		Area Vice Pres	ident Signature	
Decline Card contact		NO Individual Meals						
Purcl	hasing Dept. Due by the 6 th of							
		No in State Taxes		Fund /Org. Accounting				
	ch Month T-Card Manuals	Viol	lations are D	Dormoll				
	instruction	Violations are Payroll deducted		-		(Fund, Org. Pro	gram, Acuv	/Ity)
	familiar with the c	ontent of						
DÇ I	rannia with the c	ontent of	both Manua	Agree	ments			
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Canary Accountant
Pink Department Revised 11/22/2097

Form: RAS-1