

# PURCHASE CARD SUBMISSION FORM

Log Order Number
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**UNIVERSITY OF ARIZONA**  
**Maricopa Agricultural Center**

Cardholder:	Purchase Date:			
Vendor:	Phone:	Fax:		
Address:	Email/URL:			
Description of Item or Service (Attach receipt[s] to back of form)	Amount	Account #	Object Code	Sub Code
Shipping:				
Sales Tax (See Note Below):				
Total:				
How did you originate purchase? By:		Commodity		
		Service		
Item(s) will be used for:				

1. If using a vendor located in another state, ask for their Arizona Sales Tax Number. If they do not have one, enter NONE in the blank--the Sales Tax will be added by the University.  
NOTE: If Sales Tax is not included on this form, your account may be charged for it twice.
2. Please be sure there is a legible description on either the receipt or the form.

Order Form Completed Order submitted via: _____ Sales Tax Included on Form Merchandise received NOT received. Est. Delivery Date: _____ Packing Slip and/or Receipt attached	Cody Jackson: _____ Date Reconciled: _____  Vicenta Alvarado: _____ Date Approved: _____
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