



**ADMINISTRATIVE FORM 3516
STUDENT ACTIVITY FUNDS
PCARD REQUEST**

School name _____

Time/Date card requested _____ Person requesting card _____

Vendor name _____ Estimated \$ amount \$ _____

Items to be purchased _____

Activity advisor approval	Date	Activity account name	Activity account number
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Administrator approval	Date
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Top portion must be filled out in its entirety prior to making a pcard purchase. Receipt must be turned in when purchase is complete and pcard is returned or you may be held personally responsible for purchase charges. By submitting this form you authorize the account(s) named above to be charged for this purpose.

Bookkeeper use only

Pcard issued _____ Pcard statement date _____

Pcard returned _____ Bank statement date _____

Receipt received Yes No Adjustment or manual check # _____

Actual amount charged _____