

DOCE PURCHASING CARD APPROVAL FORM

Cardholder's Name _____
Please verify that the Cardholder has signed the invoice.

For Travel Related Purchases:

Traveler's Name _____

Traveler's UFID _____

Submitted by _____

Phone Number _____ Extension Number _____

Transaction Description:

Merchant Name _____

Transaction Amount _____

Description of Purchase _____

Category ID _____

Distribution (PeopleSoft Codes):

GL Unit UFLOR

Amount _____

Dept ID _____

Fund _____

Program _____

Account _____

Budget Reference CRRNT

Flexfield _____