MISSISSIPPPI STATE UNIVERSITY

PROCUREMENT CARD REQUEST/APPROVAL FORM

Attach Receipt Here:

Requestor: _____

Phone #: _____

Date _____

Vendor _____

Website _____

SOURCE OF FUNDS

FUND	ORG	ACCOUNT	PROGRAM	ACTIVITY

Description	Unit Price	Quantity	Total
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
TOTALS		0	$0.00

Purpose (explain how purchase relates to project)

Approved by: _____ **Date** _____

Signature of Principal Investigator (required for Restricted funds)

Approved by: _____ **Date** _____

Signature of Business Manager and/or Department Head

Completed form and vendor invoice will be maintained by the department for the project period plus required retention period.