

# P-Card Report

Cost center: \_\_\_\_\_

Name of Event (if applicable): \_\_\_\_\_

Date of Event (if applicable): \_\_\_\_\_

Briefly describe the items purchased & reason for purchase:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: If any food is purchased a list of attendees MUST accompany this form and receipt.

Budgetary Category: \_\_\_\_\_

Purchasing Contact (if applicable): \_\_\_\_\_

\_\_\_\_\_

Items Purchased by:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Items Purchased for: \_\_\_\_\_

Supervisor Approval:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE: A RECEIPT must be obtained AT TIME OF PURCHASE and accompany this completed form with Supervisor's approval to the department coordinator:**

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