

**P-card Purchase Order Form  
MCB-EEB Business Center**

\*\*\*Complete ALL steps\*\*\*  
 \*\*\*Include specific detail on HOW items will be used in COMMENTS section\*\*\*  
 \*\*\*Department Pcard must be returned immediately after use\*\*\*

**PLACING A P-CARD ORDER:**

- 1. Order Date: \_\_\_\_\_
- 2. Card Name: \_\_\_\_\_
- 3. Your Name: \_\_\_\_\_
- 4. Your Email: \_\_\_\_\_
- 5. Principal Investigator (PI) Signature: \_\_\_\_\_
- 7. How is the order placed:

- Internet (print order confirmation screen)
- Phone (request email or fax of order confirmation)
- FAX (request email or fax of order confirmation)
- In Person (original receipts from vendor required)

|   |       |
|---|-------|
| eDoc# :                                 | _____ |
| create date :                           | _____ |
| Transaction ID:                         | _____ |
| Post Date :                             | _____ |
| Upload Date :                           | _____ |
| (For Reconciler or Department Use Only) |       |

6. Vendor: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Vendor phone: \_\_\_\_\_

Vendor Website: \_\_\_\_\_

**You MUST submit order confirmation, ORIGINAL invoice/receipt, and final packing slip when item(s) are received, for every transaction, including refunds**

Be sure to ask out-of-state vendors to verbally itemize sales tax AND to send some form of documentation (packing slip, receipt, etc.) which includes such itemization. If the MCEEB Business Office does not receive this documentation, your order could be charged twice for tax, once for sales tax and once for the use tax (5.6%).

**IF THE VENDOR ASKS, YOUR BILLING ADDRESS IS:**

1041 E. Lowell Street  
 Biosciences West 310  
 Tucson, AZ 85721-0088

**8. Fill in form below:**

| Item #   | Quant. | Items Purchased | Price Per Unit  | Total Price | Acct / Sub Acct (Not description) | Object Code |
|--|--------|-----------------|-----------------|-------------|-----------------------------------|-------------|
| 1  |        |                 |                 |             |                                   |             |
| 2  |        |                 |                 |             |                                   |             |
| 3  |        |                 |                 |             |                                   |             |
| 4  |        |                 |                 |             |                                   |             |
| 5  |        |                 |                 |             |                                   |             |
| 6  |        |                 |                 |             |                                   |             |
| 7  |        |                 |                 |             |                                   |             |
|  |        |                 | <b>Subtotal</b> |             |                                   |             |
|  |        |                 | Tax             |             |                                   |             |
|  |        |                 | Shipping        |             |                                   | 5560        |
|  |        |                 | <b>Total</b>    |             |                                   |             |
| <b>Comments:</b><br>(BUSINESS or RESEARCH PURPOSE) |        |                 |                 |             |                                   |             |

**9. SUBMIT THIS COMPLETED LOG TO THE PCARD RECONCILER WITHIN 24 HOURS OF PURCHASE**