

EEB PCARD EXPENSE FORM

*Provide Original Receipts for Each Transaction within 3 Business Days of Purchase
(Failure to comply may result in card suspension)*

Card Name: _____
Card User (if Dept Card): _____

Edoc: _____
(Office Use Only)

Vendor Name: _____

Detailed Business/Research Purpose (Mandatory):

<http://www.fso.arizona.edu/financial-management/business-purpose>

What was purchased? Group by general category. Ex. Reagents, office supplies, food for seminar.	Amount	Account	Sub-Acct	Object Code <i>(Office Use Only)</i>
Travel Related Expense? <input type="radio"/> Y <input checked="" type="radio"/> N Provide Authorization # T# _____ <small>If you don't know your T#, please contact Andrew Jacobson, andrewj3@arizona.edu</small>	Subtotal			
	Shipping			
	Tip <=20%			
	Tax			
	Total			

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

Please email your completed form and receipts to:
Andrew Jacobson, andrewj3@arizona.edu
AND
cc: eebmail@arizona.edu