|  |  |
| --- | --- |
|  | pCARD AUTHORIZATION FORM |
|  |  | 1 Order Date  |       |
| 2 **VENDOR INFORMATION:** Name:       Address:       Contact Person:       Telephone No.:       E-mail:       |

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| 3. **AGENCY INFORMATION:**  Dept/Div/Branch       Delivery Address:       Contact Person:       Telephone No.:       E-mail:       |

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| 4. **pCARD INFORMATION:**  pCard Number (last four digits):       Name of pCard Holder:       Expiration Date of the pCard:       |

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| 5. SPO Price/Vendor List (Title and SPO PL/VL No., if applicable):       |

|  |  |  |  |
| --- | --- | --- | --- |
| 6. QTY | 7. DESCRIPTION | 8. UNIT PRICE | 9. TOTAL PRICE |
|      |       |       |   |
|      |       |       |   |
|      |       |       |   |
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|      |       |       |   |

Vendor must provide a receipt at the time of delivery, or mail a receipt to the above delivery addresss.