

Hart Interdisciplinary Programs Business Office

Procurement Card Transaction Detail

CARDHOLDER NAME:	
	INCLUDE RECEIPT AS
DEPARTMENT:	ATTACHMENT (Itemized receipt showing payment is needed for back-up)
VENDOR/MERCHANT NAME:	(nemized receipt showing payment is needed for back up)
DATE OF TRANSACTION:	
AMOUNT OF TRANSACTION:	
IF APPLICABLE, DID VENDOR INCLUDE SALES TAX:	
☐ YES (AMT OF TAX) ☐ NO	
ACCOUNT(S) TO CHARGE: (Include Sub Account, if applicable)	
BUSINESS PURPOSE:	
DESCRIPTION OF ITEMS PURCHASED:	
IF APPLICABLE, PI/CHAIR REVIEWER SIGNATURE:	
Date:	
PI/CHAIR REVIEWER NAME (PRINTED):	
HIP OFFICE USE: KFS Document Number:	

Email completed form and receipt to hip-purchase @ucdavis.edu.