Equipment Form

This form is only to be used if a purchase of equipment was inadvertently made using the Procurement Card.

Agency:		st Date:	
Card Admini	strator:	Phone:	
Please circle	e one of the following: In store purchase/website	order/ telephone or	der
	d: If website or telephone in the number:		rovide either the
Vendor:			
Qty Item #	Detailed Description		Price
	I that equipment should not be purchased on the rchases will be made for equipment.	procurement card a	and certify that
Cardholder: Date		Date:	
Approver signature: Date:		Date:	
Fund* Org Account Program Activity *If restricted (3xxxxx/8xxxxx), the restricted fund section below is required.			
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