

PURCHASING CARD ORDER FORM

Purchaser Name: _____ ID: _____

E-mail Address: _____ Date: _____

Project Name: _____

Vendor (Please limit to one vendor per order form): _____

INDEX NUMBER	ACTIVITY CODE

Billing & Shipping Information:

Engineering Finance
 University of Idaho
 875 Perimeter Drive
 MS 0905
 Moscow, ID 83844-0905
 208-885-6783
 Credit Card #: MC FST Card

ITEM#	QTY	UNIT	DESCRIPTION	COMM. CODE	UNIT COST	TOTAL COST

Justification of Purchase: _____ **SUBTOTAL:** _____

_____ **SHIPPING:** _____

COVID Purchase COVID Purchases **require Department Chair approval** to be shipped to a non-University/home address. **TOTAL:** _____

This purchase is limited to the amount given. Charges in excess of this amount will be refused unless prior approval in writing is received from the undersigned. The following items may not be purchased with this credit card: Alcohol Beverages, Controlled Substances, Ammunition, Weapons, Food, Water, Entertainment, Gifts, Hospitality Expenses (food/flowers/plants) Household Moving Expenses, Decorations, IKON Consulting Fees, One Time Services, Independent Contractors, Radioactive/Hazardous Materials, Personal Items, Utilities/Cellular phone charges, On-campus purchases.

THIS ORDER IS EXEMPT FROM IDAHO STATE SALES TAX. THIS ORDER IS EXPRESSLY LIMITED TO A MAXIMUM OF \$5000.

DEPARTMENT AUTHORIZATION

Printed Name: _____

Signature: _____ Date: _____