

# HAS - WATER PCARD PURCHASE AUTHORIZATION FORM

**Provide Original Receipts for Each Transaction**

HAS TRANS #  
E-DOC #

Purchase Date:

Cardholder Name:  
Card User:

Phone Number:

Vendor Name and Contact Information:

**Detailed Business Purpose: (If Event or Conference Include Location, Dates and Titles)**

Item Description	Amount	Taxable	Account	Object Code	Project Code
	Subtotal				
	Shipping				
	Tip < 20%				
	Sales Tax				
	Total				

PCard Plus (To Be Used for Restaurant Purchases):	
Meeting/Event Date:	
Meeting /Event Title:	
<i>Provide copy agenda/program if applicable.</i>	
Name of Attendees	Affiliation to the UA
Number of Attendees if over 20:	

Travel
Travel Authorization number:
Non-Employee Residency Status:
Business Purpose for any Upgrades:

If additional room is needed for any information, please attach on separate sheet

Approver Initial/Date: \_\_\_\_\_  
Thomas Alvarez, Business Manager Senior

Reconciler Initial/Date: \_\_\_\_\_  
Erma Santander, Administrative Associate

PI Signature (Blue Ink): \_\_\_\_\_