



SFSC P CARD EXPENSE AUTHORIZATION

FOR: _____ GID: _____

Vendor Name:	Vendor ID:
Vendor Address:	
Purchase Date:	Date Received:

Description of Purchase (ATTACH ALL RECEIPTS & RECEIVING DOCUMENTS)

Index	Account	Amount
TOTAL P CARD PURCHASE		\$ -

Card Holder Signature

Date

Other Required Budget Signature

Date

I hereby certify that this purchase appears to have been properly done in accordance with SFSC P Card Guidelines and College Procedure 4040. That the account is correct and funds are available to cover the expenditure.

Business Office Representative

Date