MCB PCARD EXPENSE FORM

Provide Original Receipts for Each Transaction within 3 Business Days of Purchase

(Failure to comply may result in card suspension)

Card Name: _____

Card User (if Dept Card): _____

Edoc: _____
(Office Use Only)

Vendor Name: _____

Detailed Business/Research Purpose (Mandatory):

http://www.fso.arizona.edu/financial-management/business-purpose

What was purchased? Group by general category. Ex. Reagents, office supplies, food for seminar.		Amount	Account	Sub-Acct	Object Code *(Office Use Only)*
Travel Related Expense? Y N	Subtotal	0.00			
	Shipping	0.00			
Provide Authorization #	Tip <=20%	0.00			
T# _____	Tax	0.00			
If you don't know your T#, please contact Andrew Jacobson, andrewj3@arizona.edu	Total	0.00			

Billing Address

1041 E Lowell Street
Biosciences West 310
Tucson, AZ 85721-0088

Please email your completed form and receipts to:

Andrew Jacobson, **andrewj3@arizona.edu**

AND

cc: **mcbio@arizona.edu**

Mod 10.23.23