

# FSHN Purchasing Support Form (PSF)

Cardholder/Purchaser Name \_\_\_\_\_ UIN \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

P-Card\*     
  T-Card     
  Personal Reimbursement     
  Vendor Invoice     
 PO Request

*\*Only 1 receipt per PSF*

**Only original itemized receipts are accepted. Photocopies or quotes are not acceptable. Do not tape receipts, please staple. Do not write on or highlight receipts.**

Vendor Name	Receipt Date	Item(s) Description	Detailed Business Purpose	Receipt / Invoice Amount
<i>Example: Jones Industries</i>	<i>12/1/2014</i>	<i>Lab supplies, equipment, etc.</i>	<i>Required for..., essential for...</i>	
			<b>Total Receipts</b>	

If a business meal was purchased, please provide a list of attendees AND their affiliation in the Comments box or attach a separate sheet.

**Comments:**

FOP \_\_\_\_\_ Activity Code \_\_\_\_\_ % or \$ \_\_\_\_\_  
 FOP \_\_\_\_\_ Activity Code \_\_\_\_\_ % or \$ \_\_\_\_\_  
 FOP \_\_\_\_\_ Activity Code \_\_\_\_\_ % or \$ \_\_\_\_\_

**I certify this purchase is for University purposes and complies with University rules and guidelines.**

Cardholder/Purchaser signature	Date	Supervisor/Faculty Advisor signature	Date	Accounting review/approval	Date
Printed name		Printed Name		Printed Name	