

CSU Stanislaus PCard Pre-Authorization Form

NOTE: Completion and approval of this form must be submitted prior to purchase.

Cardholder's Name:

Item:

Merchant's Name:

Today's Date: Amount:

Funding Source NOTE: Fund and purchase must adhere to the Hospitality Policy.

Fund	Dept. ID	Account	Program	Project	Amount

If this purchase is over cardholder limit, please scan this completed form to Becky Snead at bsnead@csustan.edu to receive a temporary increase of limit.

Reason for Purchase:

Requestor's Name: Signature: _____ Date:

Approval
Dean/AVP's Name: Signature: _____ Date: _____
Under \$5,000

VP's Name: Signature: _____ Date: _____
Over \$5,000

All Pre-Purchase Authorization Forms must be submitted with the Cardholder's PCard Packet.