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| --- | --- | --- | --- | --- |
|  | | pCARD AUTHORIZATION FORM | | |
|  |  | | 1 Order Date |  |
| 2 **VENDOR INFORMATION:**  Name:  Address:  Contact Person:  Telephone No.:  E-mail: | | | | |

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| --- |
| 3. **AGENCY INFORMATION:**  Dept/Div/Branch  Delivery Address:  Contact Person:  Telephone No.:  E-mail: |

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| 4. **pCARD INFORMATION:**  pCard Number (last four digits):  Name of pCard Holder:  Expiration Date of the pCard: |

|  |
| --- |
| 5. SPO Price/Vendor List (Title and SPO PL/VL No., if applicable): |

|  |  |  |  |
| --- | --- | --- | --- |
| 6. QTY | 7. DESCRIPTION | 8. UNIT PRICE | 9. TOTAL PRICE |
|  |  |  |  |
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Vendor must provide a receipt at the time of delivery, or mail a receipt to the above delivery addresss.