

**University of Florida, Department of Chemical Engineering  
Purchasing Card Receipt Form**

Please attach an **itemized** receipt to this form. Receipt/Invoice total must match the total charged to your PCard. If your invoice does not match (doesn't include shipping charges etc.), please contact the vendor for an invoice that matches the total.

Cardholder's Name: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

**Cardholder's Signature:** \_\_\_\_\_

Person Requesting Order if Different from P-card Holder (for deliveries): \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Item(s) Purchased: \_\_\_\_\_

**Chemical or Gas?** Yes / No **\*If yes, complete section 2**

Amount of Purchase: \$ \_\_\_\_\_ Project to be Charged: \_\_\_\_\_

**Section 1.**

Please indicate the purchase type below. If there are multiple purchase types, please indicate which items are which purchase type.

- |  |   |
|--|---|
| <input type="checkbox"/> Lab Supplies/Consumables – 731100       | <input type="checkbox"/> Office Supplies - 732100               |
| <input type="checkbox"/> Gas Cylinder Purchases/Rentals – 731110 | <input type="checkbox"/> Computer Supplies – 734100             |
| <input type="checkbox"/> Lab Equipment/Instruments – 731900      | <input type="checkbox"/> Computer Equipment – 734800            |
| <input type="checkbox"/> Equipment Maintenance/Upgrade – 742100  | <input type="checkbox"/> Courier Services (FedEx, UPS) - 794100 |
| <input type="checkbox"/> Engineering/Machining Services – 711600 | <input type="checkbox"/> Software (general use) - 734200        |
| <input type="checkbox"/> Society/Membership Dues – 791000        | <input type="checkbox"/> Software (technical) - 734250          |
| <input type="checkbox"/> Poster Printing – 793900                | <input type="checkbox"/> Books & Publications - 739300          |
| <input type="checkbox"/> Other _____                             | <input type="checkbox"/> Travel TA#: _____                      |

*Description of Item(s) Purchased/Benefit to the Project:*

\_\_\_\_\_

**Section 2.**

*Chemical Name:*

*GHS Signal Word\*:*

*\*If Danger, SOP and Lab Safety Manager signature required*

*SOP developed to use this item? Y / N or N/A*

*Lab Safety Manager Signature:*

*EHS Approval Needed ([link here](#))? Y / N*

*EHS Approval Letter attached?*

**Budget Authority Signature:** \_\_\_\_\_

**Finance Office Use Only**

Fund	Program	Account	SOF	Flex	UFID	Project

Date Reconciled: \_\_\_\_\_ Approved by: \_\_\_\_\_