

Department # _____

Department PCard Name

To be filled out at the time of check-out					To be filled out when PCard is returned				
Check-out Date/Time	Name	Business Purpose	Responsible Cardholder Initials	Responsible User Signature	Itemized Receipt Collected (Y/N)	Amount of purchase	Return Date/Time	Responsible Cardholder Initials	Description of items purchased and Edoc #