

# P-Card Purchase Request



**Middle Georgia State University**

Middle Georgia State University  
 100 University Parkway  
 Macon, GA 31206-5145  
 478-471-2700  
[www.mga.edu](http://www.mga.edu)

**Requested By:**

Date: \_\_\_\_\_  
 Department Requester Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Deliver to or purchased for:**

Department:   
 Campus:   
 Building:   
 Contact Name:   
 Phone:   
 E-mail:

**Supplier:**

Name:   
 Address:   
 City, State, Zip:   
 Phone:   
 E-mail:   
 Contact Name:

Quote Attached (If quote is provided, list total amount needed.)

| Item  | Description | Quantity | Unit Price  | Amount |
|---|-------------|----------|-------------|--------|
|   |             |          |             |        |
|   |             |          |             |        |
|   |             |          |             |        |
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|   |             |          |             |        |
|   |             |          |             |        |
|   |             |          |             |        |
|   |             |          |             |        |
| Purpose:  |             |          |             |        |
| Although the original funding source associated with the funds utilized for this purchase may have been provided by one of the College/University's foundations through a grant, gift, etc., the expenditure is being made with institutional funds for institutional purposes. |             |          | Subtotal    |        |
|   |             |          | Shipping    |        |
|   |             |          | Grant Total |        |

Account String

| Expense | Department | Fund | Program | Class | Project/Grant |
|---------|------------|------|---------|-------|---------------|
|         |            |      |         |       |               |

Budget Approver:

Fiscal Approver: