

PROCUREMENT CARD OFFICIAL FUNCTION
REQUEST FORM

By completing and signing this form I acknowledge that I understand and will comply with the University policies and procedures per Section 20 Official Function Expenditures. I understand that any transaction I make in connection with an Official Function event must have the approval on an Authorized Official Function Representative who have been delegated that authority and that approval will be documented and filed with the transaction record. The form is for 1.) Official Function Representatives who have been delegated such authority to approve the event and responsibility to document the expenditures; and 2.) Support staff who are working at the direction of an Official function Representative in arranging such events and need access to certain merchants to make PCARD transactions. In either case, the authority for approving the Official Function event and responsibility for documenting the expenditures rests with the Official Function Representative.

1. Complete section 1 (print or type).

Section 1	
Cardholder Name:	
Employee I.D. #:	
Department Name and Department #:	
Department Address:	
Phone #:	
Email Address:	
Name and Phone of Person Completing Form:	

2. Complete section 2 or 3 and obtain necessary signatures.

Section 2	☐ Limited Cardholder Access (small purchases at Wal-Mart, Kmart, grocery stores, etc.) This limited approval is made to allow the cardholder to make these transactions under the express direction of the appropriate Authorized Official Function Representative
_____	_____
Cardholder Signature	Date
_____	_____
Official Function Approver Signature	Date

Section 3	☐ Cardholder Access to Hospitality Merchants (restaurant use, conference meeting room charges, etc.) This approval is made to allow the cardholder to make these transactions under the express direction and supervision of the appropriate Authorized Official Function Representative for specific documented official function activities.
_____	_____
Cardholder Signature	Date
_____	_____
Official Function Approver Signature	Date
_____	_____
Dean or VP Signature (required if not same as Official Function Approver)	Date

Printed Name of Dean or VP	

3. Forward to Geraldine Trujillo-Martinez, 2200 Bonforte Blvd., Pueblo, Co 81001-4901, Purchasing Department.