



# Georgia State University

## P-CARD PRE-APPROVAL PURCHASE AUTHORIZATION FORM

REQUIRED INFORMATION	RESPONSE
a) Date of Transaction (after pre-approvals below)	
b) Department Name (Complete)	
c) Vendor Name	
d) Cardholder Name	
e) Cardholder Signature/Date	

### DEPARTMENT (PRE-APPROVAL) INFORMATION:

Required: Printed Name	Signature/Date (must be approved prior to purchase)
a) Dept. Approver 1	
b) Dept. Approver 2	

ITEMS ORDERED	QTY	TOTAL COST

### **THIS FORM MUST BE USED FOR ANY PLANNED PURCHASES**

*Attach to the receipt and keep with statement packet. Submit with quarterly P-card log.*

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_