DEPARTMENT OF CHEMISTRY

EMPLOYEE Procurement Card Purchase

One sheet per Transaction

	Questions? Contact the Accounting Office at 4-8500
E	Employee Signature Date
7.	ATTACH RECEIPT: (Paperwork that details the sale which <u>includes the total amount spent</u> : ie invoice, itemized restaurant receipt or store register receipt. NO PACKING SLIPS)
6.	Form completed By:
5.	Employee Email:
	For Sponsored Accounts: (What is the title of the grant being charged)
	How: (does this purchase benefit the account being charged)
	Where: (will this item(s) be used; ie lab room#, stockroom, etc):
	What: (is being ordered; ie chemicals, equipment, software, etc):
	Who: (name of individuals or the group to use the item(s)):
4.	Justification for Purchase:
	Account string(s) to Charge: Split und DeptID Program Project EmpIID ChartField1 ChartField2 (by % or \$)
2.	Vendor Name:
1.	Name on Credit Card:

Don't forget that the U of MN tax exempt ID number is 8029894

Please submit the receipt and this form to accounting as soon as possible after the purchase.