



**P-CARD TEMPORARY
SPEND AUTHORIZATION**

Cardholder Name: _____ T#: _____

Phone #: _____ Email: _____@ualr.edu

Department: _____ Card # (last 4 digits): _____

I, as an authorized P-Card cardholder for the above department, affirm that there is an immediate and justified need for the purchase of the following goods or services, to ensure uninterrupted and consistent operation of the university's business.

Vendor Name: _____ ID# _____

Description of goods or services:

Justification for purchase:

Estimated cost: \$ _____ Transaction date/range: _____

Check if this is a recurring (i.e., monthly), automatic charge to your P-Card:

I fully understand and agree that authorization is granted for only the above purchase and that I will make no other purchases using the university's P-Card.

Cardholder Signature Date: _____

Budgetary Head Signature Date: _____

APPROVED:

Vice Chancellor Signature Date: _____