



Medical School EFS PCard Form



All information is required unless noted otherwise.

Entry by PE into PeopleSoft will not occur until this form is fully completed.

Requestor*:		Date:	
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*The requestor certifies that this purchase is in compliance with the University of Minnesota's Purchasing Code of Ethics.

Vendor Information:

Vendor Name:			
Vendor ID#		Vendor Phone:	
Vendor E-Mail:			
Vendor Payment Remit To Address:			
Vendor remit-to address is very important: without it, payment will not be made in a timely fashion.			

Items:

Qty	Item Number	Description	Price	Total	Account**

** Use only if different lines are charged to different accounts

Chart of Accounts String (Ask PE if Unknown):

Fund:		DeptID:		Account:		Program:	
***EmpID:		CF1:		CF2:			

Justification (The 5 W's):

Who:					
What:					
Where:		When:			
Why AND <u>Benefit for UMN:</u>					

Department Approver Signature: _____ **Date:** _____ **Phone:** _____

Prepared by: _____ **Date:** _____ **Phone:** _____

***Employee ID is only required when an expense is tied to a EFS chartstring.

All receipts must be taped to one side of a clean sheet of paper for imaging - No scratch or recycled paper!

DO NOT tape over printing on receipts as tape adhesive makes printing disappear very quickly!

Keep a copy of this form for your records. Rev: 10/13/2011