

# PCARD PRE-AUTHORIZATION FORM

*This is an optional form intended to help cardholders coordinate requests for goods and services*



## REQUESTOR INFORMATION

|            |                      |                                 |
|------------|----------------------|---------------------------------|
| Name:      | <input type="text"/> | <input type="text"/>            |
|            | <i>Last Name</i>     | <i>First Name</i>               |
| UMB Email: | <input type="text"/> | UMB Phone: <input type="text"/> |

## EXPENDITURE INFORMATION

|                                    |                             |                              |                                               |
|------------------------------------|-----------------------------|------------------------------|-----------------------------------------------|
| Date of Request                    | <input type="text"/>        | Required by Date:            | <input type="text"/>                          |
| Event (if applicable)              | <input type="text"/>        | Date of Event:               | <input type="text"/>                          |
| Approx. Purchase Amount            | <input type="text"/>        |                              |                                               |
| Description of Expenditure         | <input type="text"/>        |                              |                                               |
| Business Purpose                   | <input type="text"/>        |                              |                                               |
| Is this a reoccurring transaction? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Frequency of recurrence? <input type="text"/> |

## VENDOR DETAILS

|                |                      |
|----------------|----------------------|
| Vendor Name    | <input type="text"/> |
| Vendor Contact | <input type="text"/> |
| Vendor Phone   | <input type="text"/> |
| Vendor Website | <input type="text"/> |

## BUDGET DETAILS

Non-Sponsored

|                      |                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <i>Object</i>        | <i>Source</i>        | <i>Org</i>           | <i>Activity</i>      | <i>Purpose</i>       | <i>Function</i>      | <i>Unit</i>          | <i>Future</i>        | <i>Interfund</i>     |

Sponsored

|                      |                      |                      |                      |                      |                      |                      |                                 |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>            |
| <i>Source</i>        | <i>Org</i>           | <i>Activity</i>      | <i>Purpose</i>       | <i>Function</i>      | <i>Object</i>        | <i>Project ID</i>    | <i>UMB Foundation Account #</i> |

## Attachments

|                                                         |               |                      |                                                             |
|---------------------------------------------------------|---------------|----------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Quote                          | Date Received | <input type="text"/> | <input type="checkbox"/> Travel Authorization Request (TAR) |
| <input type="checkbox"/> Invoice                        | Date Received | <input type="text"/> | <input type="checkbox"/> IT-PCS Form                        |
| <input type="checkbox"/> Itemized Receipt               |               |                      | Reference # <input type="text"/>                            |
| <input type="checkbox"/> Transaction Detail via website |               |                      |                                                             |
| <input type="checkbox"/> Other                          |               |                      |                                                             |

|                       |                      |      |                      |
|-----------------------|----------------------|------|----------------------|
| Requestor's Signature | <input type="text"/> | Date | <input type="text"/> |
|-----------------------|----------------------|------|----------------------|