



## Department of Microbial Infection and Immunity PCard Preapproval Request Form

*This form is to request Pcard use for non-travel expenses.*

*Pre-approval of travel-related expenses is obtained via a Workday [Spend Authorization](#) task.*

PCard User (Print) \_\_\_\_\_

Business Purpose (as applicable: who, what, where, when, why) \_\_\_\_\_

\_\_\_\_\_

Vendor/Supplier \_\_\_\_\_

Estimated Amount \_\_\_\_\_

**Complete Worktags:**

Cost Center	Balancing Unit	Fund	Gift	Grant
CC12837	BL1419			

Program	Project	Assignee	Activity/Event	Other Worktags

The PCard User must comply with all OSU Policies as they apply to PCard Use.

[Pcard User responsibilities](#) are listed on the Pcard Office website and are to be reviewed prior to Pcard use.

**Certifications:**

By signing below, the User certifies that PCard purchases will be made in accordance with PCard, Expenditures, Purchasing, and Travel policies. Failure to comply with these policies may enforce corrective action, up to and including termination, in accordance with applicable policies or rules. The university may seek restitution and/or file criminal charges, as appropriate.

User's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Signature must be by hand or an authorized digital signature (e.g. Adobe or DocuSign)*

1. Attach documentation for request (e.g. quote, email, screen print of website).
2. Submit form & attachment(s) to Bonnie Cooper ([bonnie.cooper@osumc.edu](mailto:bonnie.cooper@osumc.edu)).

Receipts from Pcard purchases must be submitted to the PCard Manager within **two (2) business days** of Pcard use.

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Department Approval:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_