

ACARD FORM

AG BUSINESS CENTER

****Use This Form For ACARD Purchases ONLY****

(When typing in the tables below use the Tab key to move between boxes)

CARDHOLDER NAME: _____ DEPT. NO.: _____

PI / PROJECT (items purchased for) _____

VENDOR NAME: _____

DATE OF PURCHASE: _____

AMOUNT OF PURCHASE: _____

ACCOUNT NUMBER(S) TO BE CHARGED: _____ AMOUNT TO BE CHARGED: _____

EXPLANATION: WHAT WAS PURCHASED & BENEFIT OR USE OF ITEM(S)?
(Example: Parts to fix Auger at Lockman grain bin; or grass shears to obtain field samples)

****If purchase is an Official Function expense,
please complete and attach the Official Function form in addition to the ACARD form****

FOR ACCOUNTING USE ONLY:

Transaction #: _____

Reallocated by: _____

Account Manager Review Completed: _____

Date Reallocated: