Credit Card Purchase Request Form

Department Contact and Delivery Information

Department _____
Name (First and Last) _____
Campus Location _____
Telephone Number _____

Vendor Contact Information

Name _____
Address _____
Telephone Number _____

Item Description and Quantity of Item

_____
_____

Attach a quote, screenshot or link to item being requested to ensure correct product is purchased.

Total Cost (Estimated) _____

For **non-sponsored funds only**, explain how this purchase is essential and mission-critical

_____
_____

Academic Conference

Attendee Name _____ Date _____
Conference Name _____ Location _____

Funding Source Information

Please complete all applicable fields below

Fund	Account ID	Function	Dept ID	Cost Ctr	Project ID	Activity ID
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Please provide instructions on how to make payment: website, telephone number, etc.

_____
_____

Requests funded by a Project ID should be sent to ResearchFinance@utsa.edu.
Academic conference registrations should be sent to VPAA.FMS@utsa.edu.
All other requests should be sent to FinancialAffairs@utsa.edu.

Order confirmations and items will be sent to the department contact listed at the top of this form. Central Receiving will notify the department contact when items have been received.

By submitting this form you acknowledge that the item is not available on Rowdy Exchange. Please copy your cost center and/or project ID approver, and allow 48 hours for processing.