

P-Card Restaurant Approval Form

Fill out online Print & Sign Scan & email to P-Card Manager / Mail to 188

This form authorizes the designated card user, proper clearance to use the P-Card at restaurant and similar locations.
This is not a required document. For *quality assurance purposes, please fill out this document completely:*

First Name: _____

E-mail: _____

Last Name: _____

UVU Phone Extension: _____

Credit Card Number
(Last 4 Digits): _____

Department: _____

Mail Stop: _____

Reason for needing restaurant approval:

- One-time purchase
- Annual
- Other. Please Specify: _____

Justification for approval length:

Cardholder:

Print/Type Name

Date (MM/DD/YYYY)

Signature

**Second Level/
AVP/Dean:**

Print/Type Name

Date (MM/DD/YYYY)

Signature

Vice President:

Print/Type Name

Date (MM/DD/YYYY)

Signature