

P-Card VP Approval Form

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

This form is not required but has been made available to cardholders for purchases requiring VP approval.
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: _____

Supervisor: _____

Mail Stop: _____

Approval(s) requested:

Annual Social

Non-Professional Membership

Detailed description and business purpose for the purchase:

Length of approval:

One-time purchase

Other, please specify: _____

Justification for approval length:

Cardholder:

Print/Type Name

Date (MM/DD/YYYY)

Signature

Vice President:

Print/Type Name

Date (MM/DD/YYYY)

Signature