

University of Central Arkansas Purchase Justification Form

Cardholder's Name (*P-Card Use ONLY*) _____ Requisition# _____

P-Card Cycle Date (*P-Card Use ONLY*) _____

Vendor: _____

Department: _____

(Please check one of the following types of purchases:)

Electronic Portable Mobile Device (iPads, Cell Phones, Tablets, Laptops, etc.)

Memberships (Individual, Department & Institutional)

Clothing/Items for Employees Promotional Items Furniture

Other: _____

University of Central Arkansas recognizes the productivity enhancing qualities of the above type purchases. The university also recognizes the responsibility it has to the taxpayer to allocate resources based on need of service. We are requesting that you provide a brief description of your requirements for the above requested item(s) and anticipated productivity enhancements it will provide.

(If additional space is needed please attach your comments on a separate sheet of paper.)

Requisitioner Signature

Date

Chair/Department Head
Signature

Date

Dean

Date

Vice President/Provost

Date

Please obtain all approvals for this form and fax to (450-5020) or email (purchasing@uca.edu) after the requisition has been approved.

Revised Nov. 2022