



The University of Alabama in Huntsville Procurement Card Transaction Form

Department Name: _____ Date of Purchase: _____

Procurement Card (last four digits): _____ Amount: _____

Vendor Information

Vendor Name: _____

Address: _____

Vendor Representative: _____ Email: _____

Phone Number: _____ Fax Number: _____

Description of Items	Quantity	Unit Cost	Total Cost

Attach additional sheets if necessary.

Shipping & Handling Charges: _____

Total Cost: _____

Signature: _____ Date: _____