

PCard Name & Number (last 4 digits):	Statement Closing Date:	
Delegate Name (Print):	Delegate Signature:	

By signing below and checking out the Department Procurement Card, I understand that I will be personally liable for any inappropriate or unauthorized charges, and will reimburse Sam Houston State University for these charges. I further certify that I understand and agree to abide by all Procurement Card Program policies and procedures attributed to my use of the Department P-Card.

Date Out	Date In	Checked Out By (Print Faculty/Staff Name)	Signature	Vendor Name & Item(s) Purchased (use multiple lines if needed)	Amount



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