



DEBIT CARD REQUEST

Requester: _____ Date of Request: _____

Title of Requester: _____

Purchase Information

Items to be Purchased	Amount
	\$
	\$
	\$
	\$
	\$

Justification (reason must include why a Government Purchase Card cannot be used)

Supervisor Authorization Signature: _____ Date: _____

Title: _____

Accounting Information

Detailed Item Description	Cost Center (xxxx)	Command Key (xx)	Account (xxxx)	Sub Account (000 or UFM)	Department (xxxx)	Amount
						\$
						\$
						\$
						\$
						\$
Total						\$

FINANCE USE ONLY **CARD RETURN**

Card Number: _____

Printed Name: _____

Issued to (signature): _____

Requester Contact Number: _____

Issue Date: _____

Return by Date: _____

Issued by: _____

Finance

Received from (print): _____

Signature: _____

Date: _____

Received by: _____

Finance