

Procard

Transaction Authorization Form

THE UNIVERSITY OF TEXAS SYSTEM

Procard use is designated for small purchases of \$999 or less that are specifically related to the cardholder's area of expertise and/or their job related duties.

Prohibited Purchases:

The Procard may **NOT** be used to purchase

Alcoholic beverages	Hazardous chemicals
Animals	Leases of fixed property
Cash advances	Liquid nitrogen
Consulting services	Personal items
Controlled substances	Radioactive materials
Entertainment	Stamps (controlled item similar to cash)
Equipment when the transaction includes a trade-in of System property	Travel

Restricted Purchases:

The Procard may not *typically* be used to purchase the following items. However, items used for primary job responsibilities may be purchased with **prior written approval for the cardholder** from Accounting and Purchasing Services (APS).

Ammunition	Gasoline/fuel
Cylinder gases	Plants
Flowers	Weapons
Food	

A [business expense form](#) must be submitted with this form to request reimbursement for flower and food purchases.

For complete Procard policies and procedures please visit the following website:

[Accounting and Purchasing Services - Purchasing - Procard](#)

Office Supplies:

System participates in an office supply contract with Office Depot. If a vendor other than Office Depot is used for such purchases, this form must stipulate the reason why the items were not purchased from Office Depot. Reason:

Procard Documentation Must Establish:

1. that the purchaser reached agreement with the vendor as to the item/service to be provided and the price that will be charged
2. that the item/service is actually received
3. that the price agreed upon is the amount actually billed and paid

University of Texas System is exempt from the State of Texas sales tax. Notify vendor of this exemption and upon request, provide [a tax exemption certification form](#).

yes **No** Have you confirmed by checking with the State Comptroller's that the contractor does not owe any debt or delinquent taxes to the State of Texas [Taxpayer and Vendor Account Information \(http://ecpa.cpa.state.tx.us/vendor/tpsearch1.html\)?](#)

PURCHASE INFORMATION:

Name of Vendor:

Vendor ID No. (if HUB vendor):

Description you would like to see on your accounting records (limited to 40 characters):

Object Code (completed by APS if none specified):

IN-STORE PURCHASES:

Send this form to APS within three (3) business days of purchase

Date of Purchase:

Amount of purchase (limit is \$999):

TELEPHONE, MAIL OR ELECTRONIC PURCHASES:

Send this form to APS when item/service is received - **except** that transactions occurring on or before the 5th must be authorized for payment by the 20th of the month. If the goods or services are not received by the 20th, this form should be submitted to APS with a notation that the purchase is still outstanding. A follow-up copy of the form must be submitted to APS when the goods or services are received.

Date of Order:

Amount Quoted by Vendor (limit is \$999):

Date Item/Service was Received:

Amount Billed by Vendor (if different from quote provide confirmation that adjustment was approved with vendor) (limit is \$999):

DEPARTMENT NAME:

ACCOUNT NUMBER TO BE CHARGED:

CARD HOLDER NAME (Printed):

CARDHOLDER'S SIGNATURE:

APPROVAL/VERIFICATION SIGNATURE (Signature or Delegated Signature Authority on the Account):



[Fiscal Management](#)

Taxpayer and Vendor Account Information

Search By Vendor Number:

Enter the first 11 digits of the vendor number, or the 11-digit Texas taxpayer number

Or Search By SSN ID:

Or Search By FEI ID:

Search By Business Name:

Search By First, Middle, Last
Name:
(For Sales Tax Only)

Search By Business Location
Name:

Optional Zip Code:

For help using this page and more about Taxpayer information, see [Detailed Instructions](#).

Send questions or comments about the information presented on this page to tax.help@cpa.state.tx.us.

Carole Keeton Strayhorn
Texas Comptroller of Public Accounts

[Window on State Government](#)
[Contact Us](#)
[Privacy and Security Policy](#)

TEXAS SALES AND USE TAX EXEMPTION CERTIFICATION

Name of purchaser, firm or agency	
Address (Street & number, P.O. Box or Route number)	Phone (Area code and number)
City, State, ZIP code	

I, the purchaser named above, claim an exemption from payment of sales and use taxes for the purchase of taxable items described below or on the attached order or invoice form:

Seller: _____


Street address: _____ City, State, ZIP code: _____

Description of items to be purchased or on the attached order or invoice:

Purchaser claims this exemption for the following reason:

I understand that I will be liable for payment of sales or use taxes which may become due for failure to comply with the provisions of the Tax Code: Limited Sales, Excise, and Use Tax Act; Municipal Sales and Use Tax Act; Sales and Use Taxes for Special Purpose Taxing Authorities; County Sales and Use Tax Act; County Health Services Sales and Use Tax; The Texas Health and Safety Code; Special Provisions Relating to Hospital Districts, Emergency Services Districts, and Emergency Services Districts in counties with a population of 125,000 or less.

I understand that it is a criminal offense to give an exemption certificate to the seller for taxable items that I know, at the time of purchase, will be used in a manner other than that expressed in this certificate and, depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.

 Purchaser	Title	Date
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NOTE: This certificate cannot be issued for the purchase, lease, or rental of a motor vehicle.

THIS CERTIFICATE DOES NOT REQUIRE A NUMBER TO BE VALID.

Sales and Use Tax "Exemption Numbers" or "Tax Exempt" Numbers do not exist.

This certificate should be furnished to the supplier. Do **not** send the completed certificate to the Comptroller of Public Accounts.

Accounting and Purchasing Services

Purchasing - Procard

Purchasing

Purchasing Links

Procard

Bidding Procedures

Office Depot - Contract Information

- [Overview](#)
- [Liabilities and Responsibilities](#)
 - [Cardholder Liability](#)
 - [System Liability](#)
 - [Cardholder Responsibilities](#)
 - [Department Head Responsibilities](#)
- [Process to Become a Cardholder](#)
- [Policy and Procedures](#)
 - [Application Policy](#)
 - [Purchase Approval/Verification Policy](#)
 - [Personal Use Policy](#)
 - [Allowed Purchases](#)
 - [Prohibited Purchases](#)
 - [Restricted Purchases](#)
 - [Office Supplies](#)
 - [Disallowed Vendors](#)
 - [HUB Vendors](#)
 - [Limits](#)
 - [Purchase Orders](#)
 - [State Purchasing Guidelines](#)
 - [Blanket Orders and State Term Contracts](#)
 - [Sales Tax](#)
 - [Confirming Vendor Taxpayer Status in the State of Texas](#)

- [Credits and Returns](#)
- [Receiving](#)
- [Billing Address](#)
- [Approval of Payment Vouchers](#)
- [Billing Cycle Close Date](#)
- [Transaction Posting Timeline](#)
- [Record-Keeping](#)
- [Audit Processes](#)
- [Special Circumstance Policy/Procedure](#)
 - [Charging a Procard Transaction to More than One Account or Object Code](#)
 - [Use of a Procard for a Department Other Than That of the Cardholder](#)
 - [Use of a Procard by Someone Other than the Cardholder](#)
 - [Lost or Stolen Procard](#)
 - [Dispute of a Transaction](#)
 - [Procard Cancellation](#)
 - [Procard Renewal](#)
 - [Cardholder Transfer to New Department](#)
 - [Reporting Fraudulent Use of a Procard](#)
 - [Recurring Charges](#)
- [Frequently Asked Questions](#)
- [Procard Contacts](#)
- Procard Forms
 - [Procard Authorization Form](#) (MS Word)
 - [Statement of Disputed Item](#) (MS Word)
 - [Tax-Exempt Certificate](#) (PDF)
 - [Business Expense Form](#) (MS Excel)

Voucher Payment

Business Expense / Out
of Pocket Form ([Excel](#)),
([Word](#)) or ([PDF](#))

Tax Exempt Form ([PDF](#))

Payee Information Form
([PDF](#))

Delegated Signature Authority

Delegated Signature
Authority Form ([Word](#)) or
([PDF](#))

[DSA Form Instructions](#)

Procard

ProCard Charge
Authorization Form
([Word](#)) or ([PDF](#))

Travel

Avis Preferred
Enrollment Form ([PDF](#))

Departmental
Authorization for
Electronic Travel
Documents ([Word](#))

Request for
Reimbursement of
Actual Expenses ([Excel](#))
or ([PDF](#))

Inventory

Transfer of Equipment ([Word](#)) or ([PDF](#))

Removal of Equipment from U.T. System
Premises
([Word](#)) or ([PDF](#))

Results of Annual Inventory Certification
([Word](#)) or ([PDF](#))

HUB Policies

Policy of Utilization of Historically
Underutilized Businesses ([Word](#)) or ([PDF](#))

Attachment A - HUB Subcontracting Plan
(portion of project)
([Word](#)) or ([PDF](#))

Attachment B -Annual Procurement
Utilization Goals
([Word](#)) or ([PDF](#))

Attachment C - Letter of Intent
([Word](#)) or ([PDF](#))

Attachment D - Determination of Good
Faith Effort (Part I)
([Word](#)) or ([PDF](#))

Attachment E - Determination of Good
Faith Effort (Part II) ([Word](#)) or ([PDF](#))

Attachment F - HUB Subcontracting Plan
(100% of project) ([Word](#)) or ([PDF](#))

Attachment G - Statement of Intent
([Word](#)) or ([PDF](#))

Attachment H - Progress Assessment

Purchase Voucher -
Local Funds
[\(Excel\)](#) or [\(PDF\)](#)

Travel Voucher [\(Excel\)](#)
or [\(PDF\)](#)

Texas Occupancy Tax
Exempt Card [\(PDF\)](#)

Travel Approval Form
[\(Word\)](#)

Report
[\(Word\)](#) or [\(PDF\)](#)

Attachment I - Non-Subcontractors
Affidavit
[\(Word\)](#) or [\(PDF\)](#)

Purchasing

Justification for
Proprietary Purchase
[\(Word\)](#)

*Send comments to [Florence Mayne](#)
The University of Texas System
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