Sam Houston State University

MEMBER THE TEXAS STATE UNIVERSITY SYSTEM

Procurement and Business Services

P-Card Name & Number (last 4 digits) :_____ Statement Dates_____

Delegate Name (Print):_____ Signature:_____

By signing below and checking out the Department P-Card, I understand that I will be personally liable for any inappropriate or unauthorized charges and taxes, and will reimburse Sam Houston State University for these charges. I further certify that I understand and agree to abide by all Procurement P-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's Name & Items Purchased	Amount

Box 2028 | Huntsville, Texas 77341-2028 | 936.294.1904

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