

Credit Card Purchase

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Date _____

Vendor _____

Requestor _____

Phone # _____

PI/ Group _____

Email of person placing order _____

Description of Purchase:

TEES/TAMU ACCOUNT #: (circle one) 02 or 28

(Account #) _____ - (support account #) _____

Justification for use of SRS accounts:

****By initialing I acknowledge statements below. Failure to do so may result in a suspension of credit card privileges.**

_____ ***No tax** (I am responsibly for correcting tax if charged on purchase.)

_____ *Receipt/order confirmation/invoice, etc. is required when returning credit card.

_____ *Credit Card must be returned no later than 4:00pm unless extended use is pre-approved.

Explanation required if needed longer than 4pm: _____

_____ *Amazon orders will be completed in CHEN business office with assistance from Business Coordinator as needed

_____ *Meal form must be completed and submitted to business office with meal receipt for all meal purchases

*I certify that these costs were/will be incurred to conduct research for TEES Project # _____ and are properly chargeable to the project

Signature (Principal Investigator)

Bill TO:

Accounts Payable
Chemical Engineering
3122 TAMU
College Station TX 77843-3122

SHIP TO:

Chemical Engineering
ATTN: _____
1M2A Brown Engineering Building
College Station TX 77843-3122