

DISASTER _____
RECOVERY P-CARD CHARGES

Complete this form in its entirety. Do not combine purchases for disaster and non disaster items.

Attach a legible copy of the receipt/invoice.

Submit to the Accounting Services Section as soon as the pcard purchase has hit the que for processing.

P-CARD GROUP	
P-CARD HOLDER	
VENDOR	
AMOUNT	
P-CARD SYSTEM GENERATED INVOICE #	

- 1) Building or equipment number _____.
- 2) Type of building or equipment _____.
- 3) Location/County _____.
- 4) Physical Address of items used _____.
- 5) Contact name _____.
- 6) Telephone number _____.
- 7) Reason for the purchase (do not say for disaster related efforts, be very specific.) _____
_____.

- 8) Items will be used for Debris Removal, Emergency Protective Measures, Roads & Bridges Repairs, Water Control Facilities Repairs, Repairs to Bldgs/Equipment, Utility System Repairs, Parks, Recreation, and Other Repairs

- 9) FEMA Project Worksheet number if known _____.

For Accounting Service Use only

Organizational Code _____

Expansion Option _____

Project Id # _____

Agency Voucher Number _____