## University of Pennsylvania Perelman School of Medicine Department of Neuroscience & The Mahoney Institute for Neurosciences

## **Purchasing Card Transaction Form**

Requesting Faculty Member / Core:

Requester Name:

**Request Date:** 

Penn Account(s) to Charge:

My signature below confirms that the items ordered have a direct relationship to the funding source(s) being charged and are allowable and appropriate.

Principal Investigator/ Designee Name and Signature:

## **Transaction Information**

Vendor Name:

Please confirm vendor does not accept PO's through the BEN Financials System

State:

Shipping Information:

Street:

Bldg./Rm:

City:

Zip:

Recipients Phone Number:

Quote Reference Number (if any):

Description / Link / Item #	Quantity	Unit Price	Ext. Price
		Total	