



**Controller's Office  
P-Card Purchasing Shared Service Form**

**Requester Information**

Name		USC ID	
Email		Phone Number	

**Purchase Information**

Merchant		Amount	
Description of Purchase:			

**Chartfield**

Operating Unit	Department	Fund	Account	Class	PC Bus. Unit	Project	Activity	Cost Share

**Note:** Department approval should follow workflow approver for the department listed above

Requester Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Departmental Approver  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PI Signature:  
(USCSP projects only) \_\_\_\_\_ Date: \_\_\_\_\_