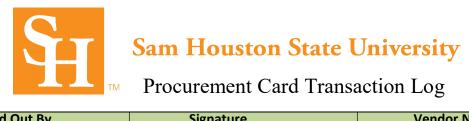


| PCard Name & Number (last 4 digits): | Statement Closing Date: | |
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| Delegate Name (Print): | Delegate Signature: | |

By signing below and checking out the Department Procurement Card, I understand that I will be personally liable for any inappropriate or unauthorized charges, and will reimburse Sam Houston State University for these charges. I further certify that I understand and agree to abide by all Procurement 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 Name & Item(s) Purchased (use multiple lines if needed) | Amount |
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| Date Out | Date In | Checked Out By (Print Faculty/Staff Name) | Signature | Vendor Name & Item(s) Purchased (use multiple lines if needed) | Amount |
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