



**INSTITUTE FOR ADVANCING
HEALTH THROUGH AGRICULTURE**

Payment Card Transaction Form

Instructions: The following information is required on each payment card transaction. Complete this form, attach receipt(s) and supporting documentation and submit to ihabusiness@ag.tamu.edu within 3 days of purchase.

All purchases over \$500.00+ are required to complete a Vendor Hold Search (up to 7 days prior) BEFORE purchasing anything online or instore <https://fmcpa.cpa.state.tx.us/tpis/>.

Vendor Name	Amount of Purchase	Date of Purchase	Goods/Services Received Date
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Description of items, or service purchased and purpose/use.
If purchase is for business meals , provide the 5 W's (who, what, when where and why).
If purchase is for conference/seminar/workshop fees , provide conference name, dates, location (do not use acronyms) and business purpose for attendance.

Program/Unit Name:	Last four digits of card
If applicable, provide an account code you like to allocate the cost to. Departmental Code:	Account Number



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Purchaser's Name

Purchaser's Signature

Date

Cardholder's Name

Cardholder's Signature

Date

Attach all receipts and supporting documents to your Concur transaction/report.

Payment Card Transaction

10/13/2023