Finance - P.O. Box 720130 - San Jose, CA 95172 - Ext. Zip: 0139

This form must be completed and submitted to your OSP Analyst when authorization is being requested to use the P-Card to purchase any items or services on the Restricted Purchase or Prohibited List. This fo approved by your OSP Analyst and the P-Card Administrator prior to purchasing the item.

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Cardholder Name: Email Address: Phone Number:

II. Explanation

Please explain why you would like to purchase an item on the Restricted or Prohibited List:

III. SiaMed Carn Tf 0.008Tc -Older Name: