

# Department of Pediatrics and Family Medicine

## P-Card Purchase Request Form

Request Date \_\_\_\_\_ FS/Division Code \_\_\_\_\_

PI Name (if other than requester) \_\_\_\_\_ Requested By \_\_\_\_\_

Financial Approver Name \_\_\_\_\_ FAU \_\_\_\_\_  
(with sub, object, and project code (as applicable))

Business Justification \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Is FAU Division Allowance, Faculty Allowance or Good Standing Bonus? Yes \_\_\_\_\_ No \_\_\_\_\_  
2. Is this FAU a contract or grant fund? Yes \_\_\_\_\_ No \_\_\_\_\_  
3. Request to schedule to pay by Zoom. Yes \_\_\_\_\_ No \_\_\_\_\_  
Provide Availability \_\_\_\_\_

4. **Medical License?** Yes \_\_\_\_\_ No \_\_\_\_\_

5. **Membership?** Yes \_\_\_\_\_ No \_\_\_\_\_

Please note: We can only pay for memberships for one-year, medical licenses for two years (**donations are not allowed**).

6. **Software/App Purchase?** Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, you will need to obtain TPRM approval. Attach TPRM email approval notification).

**Payment to an international vendor is not permitted on the P-Card.**

### Vendor Information

Vendor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Website \_\_\_\_\_ Username/Password (if applicable) \_\_\_\_\_

Item Number \_\_\_\_\_ Item Description \_\_\_\_\_

Quantity \_\_\_\_\_ Unit Price \_\_\_\_\_

Shipping Address \_\_\_\_\_

Email this completed form to [Pediatricpurchasing@mednet.ucla.edu](mailto:Pediatricpurchasing@mednet.ucla.edu) or [Fammedpurchasing@mednet.ucla.edu](mailto:Fammedpurchasing@mednet.ucla.edu)

When we have completed your transaction, you will receive an order confirmation.  
The Centralized Purchasing Department may ask you to provide a receipt.

### Conference Registration

Provide information required to submit the order (answers to registration questions, special instructions, attendee(s) name, etc.)

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### California Medical License Renewal Fees

Prepare your renewal application on CA Breeze Website and add to the Cart. Add Purchasing Team members as delegates on your account:

1. Lori Crawford: Breeze Username: LCRAWFORDUCLA
2. Knarik Piloyan: Breeze Username: KPILOYAN
3. Veronica G Hernandez: Breeze Username: VGHernandez1
4. Alex Keveney Breeze Username: Akeveney1
5. Candice Lopez Breeze Username: candicelopez
6. Valencia Moody Breeze Username: Vmoody123 (Primary for Family Medicine)
7. Gahliema Martin Breeze Username: Gahmartin
8. Breanna Navarro Breeze Username: BreNavarro

We will be able to login and see your application in our cart and make payment with our P-Card.

### Short Video on how to add a delegate to pay fees.

<https://www.youtube.com/watch?v=rmNhEKdTPsg>

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### \* P-CARD RESOURCES

Allowable Purchases

<https://purchasing.ucla.edu/purchasing/purchasing-methods/pcard/common-purchases>

Restricted Items

<https://purchasing.ucla.edu/purchasing/purchasing-methods/pcard/common-restrictions>

TPRM Workflow

<https://purchasing.ucla.edu/third-party-risk-management-procurement>

### The TPRM process is required if any of the following applies:

Transaction involves a third-party (supplier/vendor, consultant, independent contractor etc.) that will:

Access, create, receive, maintain and/or transmit UC data.

- Process credit card transactions on behalf of UC
- Access any UC system(s) or will connect to the UC system(s)
- All equipment with software that is either hosted, on premise or embedded and will have remote access.
- All transactions that involve technology, including web applications, all software subscriptions/licenses, mobile apps, website design/development, wearable technology, and kiosks.

### Steps:

1. Before submitting P-Card request from, submit the [UCLA SNOW Triage Form\(link is external\)](#)
2. Users will receive an email approval notice upon approval via SNOW
3. Attach approval notice to this P-Card Form