

PURCHASING CARD SUPPORT FORM

TO BE COMPLETED BY CARDHOLDER

- Lab Supply Equipment
 Computers Teaching

Detailed Description/Explanation:

ACCOUNTS TO BE CHARGED:

<u>Budget</u>	<u>Fund</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Object Code: _____

Cost Center(s): _____

Comments:

Print Cardholder Name: _____

Cardholder
Signature: _____ Date: _____

Approval
Signature: _____

TO BE COMPLETED BY RECONCILER

P Number: _____

Reconciler's Initials: _____

Date: _____

IF CREDIT:

Original Transaction

P-Number: _____

IF DUPLICATE CHARGE:

Original Transaction

P-Number: _____

Credit to Correct Duplicate

P-Number: _____

Comments:

PLEASE SIGN YOUR RECEIPT

ATTACH RECEIPT WITHIN THIS AREA (use tape)

**If receipt is larger than space provided, attach by stapling to the back
(one staple, upper left hand corner)**