



## PURCHASING CARD SUPPORT FORM

To Be Completed by Cardholder

To Be Completed by Reconciler

**Vendor Name:** \_\_\_\_\_

P Number: \_\_\_\_\_

**Detailed Description:** \_\_\_\_\_

Reconciler's Initials: \_\_\_\_\_

**Detailed Purpose:** \_\_\_\_\_

Date: \_\_\_\_\_

**Reconciler** – Please note if account or object code information entered in IBIS is different than reported by the cardholder by correcting at left or noting below in "comments."

**Accounts to Be Charged:**

\*\*\*\*\*

Budget	Fund	Obj Code	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**IF CREDIT:**

**Original Transaction**

P-Number \_\_\_\_\_

**Dept Free Space:** \_\_\_\_\_

**IF DUPLICATE CHARGE:**

**Original Transaction**

P-Number \_\_\_\_\_

**Cost Center(s):** \_\_\_\_\_

**Credit to Correct Duplicate**

P-Number \_\_\_\_\_

**Sub-Objects(s):** \_\_\_\_\_

**COMMENTS:**

**COMMENTS:**

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Cardholder Name: \_\_\_\_\_

Approval Signature: \_\_\_\_\_