



PURCHASING CARD SUPPORT FORM

To Be Completed by Cardholder

Purpose and Description:

[Empty box for Purpose and Description]

Accounts to be Charged:

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

Dept Free Space: _____

Cost Center(s): _____

Sub-Object(s): _____

Comments:

[Empty box for Comments]

Cardholder Signature

Date

To Be Completed by Reconciler

P Number: _____

Reconciler's Initials: _____

Date: _____

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IF CREDIT:

Original Transaction

P Number _____

IF DUPLICATE CHARGE:

Original Transaction

P Number _____

Credit to Correct Duplicate

P Number _____

Comments:

[Empty box for Comments]

Attach Receipt:

Note: Tape receipt within this area.

If receipt is larger than space provided, attach to the form by stapling in upper left-hand corner - Do not tape on back.