

PURCHASING CARD TRANSACTION

DEPARTMENTAL INFORMATION

DEPARTMENT NAME:

PURCHASING CARD NAME:

PURCHASING CARD NUMBER LAST 4 DIGITS:

TYPE OF CARD (PLEASE CIRCLE ONE): **UNIV** PRF HOSP

PURCHASING DETAILS

VENDOR:

DATE OF PURCHASE:

TOTAL AMOUNT OF PURCHASE:

ITEM(S) PURCHASED:

Quantity	Item	Unit Price	Total Price

INTENDED USE / BENEFIT TO THE PROJECT:

***** Hospitality expenses require business purpose and a list of attendees.
You may attach a separate piece of paper if needed*****

ACCOUNT NUMBER(S) TO BE CHARGED:

INTERNAL ORDER	WBSE	GL	AMOUNT

APPROVAL REQUIRED FOR OVER \$1,000

BUSINESS OFFICE ONLY:

CARD CHECKED OUT BY _____ HAS EFFORT ON GRANT? Y N

PROFESSOR: _____

AVAILABLE BALANCE: _____ PROJECT PERIOD: _____

APPROVAL SIGNATURE: _____

***** Attach itemized receipt on a separate piece of paper*****

ONE FORM PER VENDOR, PLEASE