CFANS Admin Purchasing Card Receipt Submittal Form

Instructions

Purchasing Card Receipt Submittal Form: Please fill in all required boxes print this form, sign it, have your supervisor sign it and submit to accounting in 186 McNeal or accounting mail box.

*Your Name:		*Fund:	
		Dept ID ( ) – or	
*Email:		*Program/Project: *(Or both if cost-sharing item for grant)*	
*Phone:			
Vendor Name			
Amount		Chartfield 1:	
		Chartfield 2:	
		Empl ID # (Only if included in Chart String)	

* Signature approval	
* Supervisor approval	

*Justification:

Purchase of (what) by (who) on (date) for (who purchased for if other than above), how to be used, when to be used (e.g. conference date), where to be used. Why the purchase?

Who:

What:

Why:

Where:

When: