



P- Card Purchase Verification Form

Please complete form for each purchase and submit it along with your receipt to Lisa Link.

Name:			
23-Digit Account Number:			
Date of Purchase:		Total: <small>(Maximum charge allowed is \$2,500.00)</small>	

Travel			
Purpose of Charge:			
Destination:			
Dates of Travel		Vendor	

Supplies / Other	
Purpose of Charge:	
Vendor:	

Purchaser: _____

Date: _____

Cardholder: _____

Date: _____

Department Chair: _____

Date: _____