



PURCHASING CARD SUPPORT FORM

To Be Completed by Cardholder

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

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

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

Accounts to be Charged:

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

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

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

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

Attach Receipt:

**Note:** Tape receipt within this area. If the receipt is larger than space provided, attach it to the form by stapling it in the upper left-hand corner - Do NOT tape it on the back.

Comments:

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

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

To Be Completed by Reconciler

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

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

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".  
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**IF CREDIT:**

Original Transaction

P-number \_\_\_\_\_

**IF DUPLICATE CHARGE:**

Original Transaction

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

Credit to Correct Duplicate

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

Comments: