PURCHASING CARD SUPPORT FORM

Use of this form is **optional**

To Be Completed by Cardholder

Vendor Name: _____

Detailed Description:

Detailed Purpose:

Accounts to be Charged:

Cost Object Type*:	Cost Object #	GL Account #	Amount
Select Cost Object Ty			
Select Cost Object Ty			
Select Cost Object Ty			
Select Cost Object Ty			
Select Cost Object Ty			

* if completing this form by hand, please indicate the type of Cost Object in space below the drop-down list.

IF CREDIT:

Original Document # _____

IF DUPLICATE CHARGE:

Original Document # _____

Credit to Correct Duplicate Document # _____

Comments:

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.

Cardholder Printed Name: _____

Cardholder Signature: _____ **Date:** _____