



PURCHASING CARD SUPPORT FORM
Use of this form is optional

To Be Completed by Cardholder

Vendor Name: _____

Detailed Description:

Detailed Purpose:

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.

Accounts to be Charged:

Cost Object Type*	Cost Object #	GL Account #	Amount

* 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:

Cardholder Printed Name: _____

Cardholder Signature: _____

Date: _____