

To Be Completed by Cardholder
Vendor: _____

Detailed Description:
Detailed Purpose:
IF CREDIT:
Original Document #: _____

IF DUPLICATE CHARGE:
Original Document #: _____

Credit to Correct
Duplicate Document #: _____

Comments:
Accounts to be Charged:

Cost Object Type*	Cost Object #	GL Account #	Amount

Note: Receipts are to be uploaded to the expense report in SAP Concur.

Cardholder Printed Name: _____

Cardholder Signature and Date: _____