

Procurement Card Purchases

Dept. Name: _____ Date: _____

Cardholder Name: _____

Vendor: _____

Business Purpose, be specific: _____

(If food, include Business Meal Purpose form)

Account #: _____ \$ Amount: _____

If splitting

Account #: _____ \$ Amount: _____

**Attach to credit card receipt and forward to your Finance BSC P-Card
Coordinator, Surge 3, Judd Falls Road - IMMEDIATELY after purchase.**

7/06