PURCHASING CARD SUPPORT FORM

To Be Completed by Cardholder

Vendor Name:

Detailed Description:

Detailed Purpose:

Accounts to be Charged:

<table>
<thead>
<tr>
<th>Budget</th>
<th>Fund</th>
<th>Obj Code</th>
<th>Amount</th>
</tr>
</thead>
</table>

Project End Date: __________
Dept Free Space: ____________________

Cost Center(s): ____________________

Sub-Objects(s): ____________________

Comments:

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Cardholder Signature: ____________________

Print Cardholder Name: ____________________

PI Signature: ____________________

Date: __________

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Director Signature: ____________________
(when charging general funds)

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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:

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ATTACH RECEIPT:

Note: Small Receipt: Please tape to a separate sheet of paper and then staple to form. Large Receipt: Attach to the form by stapling in the upper left-hand corner.