

Extension PCard Receipt Form

Please **TAPE** your receipt here. If your receipt does not fit, please tape the receipt on the back of this page.
Off-campus employees: Please fax this page (including the receipt) and mail the original to the Fiscal Office.

KUALI NUMBER _____ Transaction Date _____

PCard Holder's Name _____ Vendor _____

What project account number(s) is this purchase for? _____

Who authorized this purchase? _____

Tax Charged: No ___ Yes ___ If yes: Explain and provide solution: _____

Describe what you purchased and what it will be used for: _____

Paid Receipt Attached: ___ Yes ___ No If no, explain: _____