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: _______________________________________