



**PURCHASING CARD SUPPORT FORM**  
Use of this form is optional

**To Be Completed by Cardholder**

**Vendor Name:** \_\_\_\_\_

**Detailed Description:**

**Detailed Purpose:**

**Attach Receipt:**

**Note:** Tape receipt within this area. If the receipt is larger than space provided, attach it to the form by stapling it in the upper left-hand corner - Do NOT tape it on the back.

**Accounts to be Charged:**

Cost Object Type*	Cost Object #	GL Account #	Amount

\* If completing this form by hand, please indicate the type of Cost Object in space below the drop-down list.

**IF CREDIT:**

**Original Document #** \_\_\_\_\_

**IF DUPLICATE CHARGE:**

**Original Document #** \_\_\_\_\_

**Credit to Correct**

**Duplicate Document #** \_\_\_\_\_

**Comments:**

**Cardholder Printed Name:** \_\_\_\_\_

**Cardholder Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_