



To Be Completed by Cardholder

Vendor Name: _____

Detailed Description: _____

Detailed Purpose: _____

Accounts to be Charged:

Budget	Fund	Obj Code	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Dept Free Space: _____

Cost Center(s): _____

Sub-Objects(s): _____

Comments:

To Be Completed by Reconciler

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:

Cardholder Signature: _____ Date: _____

Cardholder Printed Name: _____

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.