



P-CARD SUMMARY FORM

Cardholder: _____
 (Please Print)

Credit Card No.: XXXX XXXX XXXX _____

Building: _____

Statement Date: _____

Transaction Date	Vendor	Purchase Description	Purpose of Purchase	Amount	Account Number	Receipt Enclosed (X)
			TOTAL CHARGES (Must Match Statement)	\$ -		

Cardholder Signature: _____

Date: _____

Budget Manager Approval: _____

Date: _____

				\$ -
				\$ -
				#VALUE!

Cardholder Signature: _____ Date: _____

Budget Manager Signature: _____ Date: _____

-

Account Number	Receipt Enclosed (X)
