

Charged to:

Reallocate to:

Account Code:

**Date Reallocation/
Verification Complete:**

PROCUREMENT CARD RECEIPT FORM
(to be attached to receipt)

Transaction Date:

Vendor:

**Description/ if Meals list
attendees:**

Received:

Amount:

Method of Purchase:

Department:

Credit Card User's Name:

Credit Card Acct Number:
(last 4 digits)

Credit Card User's Signature:

Office Extension:

REMEMBER UOFL IS TAX EXEMPT (C102)