	Durchasi		ed College	int(a)	Form		
I	Please complet e	-	Aissing Rece S O D F H			3 & D U G	HQYHORS
Date:	_						
	, have either (please check one):						
	Not Received			Mispl			
Purchasing Card receip	ot(s) totaling \$						
Statement Cycle Date:							
Vendor		ltem(s)		Description*			Amount
*Per IRS Regulations, Tyour description.		nent Exper	nses should ir	nclude	who, why	, when and	where in
	Examples: 1) Lunch at Tha 2) Airfare to Act						
I certify the expenses lis submitting this form in p	•			eed Co	bllege and	not for perso	nal use. I am
Cardholder Signature:						Date:	
Approver Name:							
	Please	Print					

Approver Signature:

Date:

Η.