

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

**Reporting Period:**                      **From:**                      **To:** \_\_\_\_\_

**PLEASE ATTACH RECEIPTS WHEN YOU MAKE YOUR PURCHASE**

Date of Purchase	Vendor	Items Purchased	Funding	Total of Charge	On Statement (office use only)
<b>TOTAL</b>					

**JP Morgan Statement Included?**                      Yes                      No  
**All Receipts Included?**                      Yes                      No

*If any receipts are missing, contact the University Administrator*

\_\_\_\_\_  
Cardholder Signature                      Date

\_\_\_\_\_  
Department Administrator Signature                      Date

**Please print this form**  
**Route this form to:**  
 Purchasing Department  
 Old Main 17  
 Phone (701) 231-7462