



*Please complete the top portion of this form for each use of the Purchasing Card.
Submit completed form along with itemized register or internet receipt to your reconciler*

Date of Purchase:			
Vendor:			
HelpDesk Ticket #:			
Detailed description of what was purchased:			
Detailed business reason for why it was purchased:			
Short Summary for Line Description:			
Total on receipt:		Sales tax on receipt*:	
		Tax Exempt :	Yes No
		Shipping Cost:	
Merchandise received date or expected date:			
Your name (print):			
Your signature:		Date:	
Authorized by:		Date:	

** If sales tax is not identified, the account may be charged use tax in addition to sales tax.*

ALSO PLEASE FILL IN ACCOUNT NUMBER, SUB ACCOUNT & (PROJECT CODE IF APPLICABLE)				
	Part 1	Part 2	Part 3	Part 4
UAccess Doc #:				
Transaction Number:				
Date:				
Amount Charged:				
"N" Tag Form Required?				
Rebates?				
Account Number:				
Sub Account:				
Object Code:				
Project Code:				
Budget Unit:				
Reconciled by:				
Approved by:				