



# Unified Procurement Services Team

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

Bank Statement Date: \_\_\_\_\_

Last 4 Digits of Card Number: \_\_\_\_\_

Speedtype: \_\_\_\_\_

Transaction Date	Vendor Name	Description of Purchase	Transaction Amount \$\$	Receipt Received ?	Comments	Destination / Purpose	Reallocation Code
				Yes No <input type="checkbox"/> <input type="checkbox"/>			
				Yes No <input type="checkbox"/> <input type="checkbox"/>			
				Yes No <input type="checkbox"/> <input type="checkbox"/>			
				Yes No <input type="checkbox"/> <input type="checkbox"/>			
				Yes No <input type="checkbox"/> <input type="checkbox"/>			
				Yes No <input type="checkbox"/> <input type="checkbox"/>			
				Yes No <input type="checkbox"/> <input type="checkbox"/>			
				Yes No <input type="checkbox"/> <input type="checkbox"/>			
				Yes No <input type="checkbox"/> <input type="checkbox"/>			

**CARDHOLDER'S CERTIFICATION:** I hereby certify under penalty that the above expenditures as itemized are true and correct, and were for official University business.

EMPLOYEE SIGNATURE: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_

FUND ADMIN SIGNATURE (if different from Supervisor): \_\_\_\_\_

DATE STATEMENT RECONCILED: \_\_\_\_\_

DATE FORWARDED TO PROCARD MANAGER: \_\_\_\_\_