

PURDUE

LIBERAL ARTS

HOSP PCard Reconciliation

COMPTROLLER SIGNATURE AND COMPLETE ACCOUNT INFORMATION MUST BE ON THIS FORM BEFORE SUBMITTING TO THE PURCHASING CENTER. THE PURCHASING CENTER WILL NOT ACCEPT FORMS WITHOUT THIS REQUIRED INFORMATION.

CLA PURCHASING CENTER USE ONLY

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Card# (last 4 digits):

Date:

Amount:

Vendor:

Department:

Event:

Description:

Attendees:

ATTACH RECEIPT BELOW THIS LINE, WITH ONE PIECE OF TAPE.

(attach additional pages, if necessary)

*I am aware of the University's hospitality policy and agree to uphold the policy. I will **not** purchase any **alcohol** with this credit card. I also agree to provide an **itemized** original receipt. Cards and receipts must be turned in 24 hours after checking out, unless other arrangements have been made.*

Purchased By:

Date:

Internal Order#:

WBS Element#:

G/L:

Dept. Head Signature:

Comptroller Signature: