

# P-Card Receipt Form

Card Holder \_\_\_\_\_

Last 4 of Card # \_\_\_\_\_

Date \_\_\_\_\_

Org \_\_\_\_\_ Fund \_\_\_\_\_

Program \_\_\_\_\_

Vendor \_\_\_\_\_

Amount \_\_\_\_\_

Description of Purchase Purpose

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Cardholder / Purchaser

\_\_\_\_\_

Original Receipt on  
Other Side