Print Form

FORM #2

PERSONAL, PROHIBITED & UNAUTHORIZED PURCHASES

EXPLANATION & REIMBURSEMENT

Cardholder: _____

Statement Closing Date: _____

Date of Transaction: _____

Vendor: _____

Dollar Amount: _____

Budget Code: _____

EXPLANATION:

*Forward check for reimbursement along with this form to Debbie Przybylowicz in GW 311.

Check #_____

Do not enclose in your P-Card Envelope

_____ _____

Cardholder Signature Date

_____ _____

Dean/Supervisor Signature Date