CFANS – ESPM Division
Purchasing Card Receipt Attachment

Instructions

Purchasing Card Receipt Attachment: Please fill in all required boxes (*), attach receipt(s), and send to your preparer as soon as the order has been received.

*Name: _____ *Email: _____ *Phone: _____	*Fund: _____ *Dept ID: _____ *Program/Project: _____ (Or both if cost-sharing item for grant) Chartfield 1: _____ **(Required AES accounts)** Chartfield 2: _____ Empl ID # _____
*Justification: Purchase of (what) by (who) on (date) for (who purchased for if other than above), how to be used, when to be used (e.g. conference date), where to be used, why this account. Use account key words.	

Cardholder Signature: _____

Supervisor/PI Approval: _____