

College of Pharmacy Purchasing Card Transactions Form

Instructions: Complete a separate form for each credit card transaction. Attach original receipt directly to the form with tape, or attach the receipt to a separate sheet of paper with tape & staple the sheet to this form. Submit the form and receipt to the College of Pharmacy Business Office (RPH 158). For those not located on the West Lafayette campus, please scan the form and receipts and send electronically or by campus mail.

PURCHASING CARD INFORMATION			
CARD (check one):	_____ Regular	_____ Hospitality	_____ PRF
CARD #:	_____ (last 4 digits)	_____ (last 4 digits)	_____ (last 4 digits)

PURCHASER INFORMATION	
(FROM SIGN-OUT LOG or CARDHOLDER RECORDS)	
Purchaser's Name:	_____
Purchaser's Signature:	_____

PURCHASE DETAILS			
Date of Purchase:	_____		
Vendor Name:	_____		
Business Purpose of Purchase or Activity: <i>(Required)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="padding: 5px;">Business Purpose or Activity:</th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"> </td> </tr> </tbody> </table>	Business Purpose or Activity:	
Business Purpose or Activity:			
<i>Required: (if hospitality, list attendees)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="padding: 5px;">Attendees (if applicable):</th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"> </td> </tr> </tbody> </table>	Attendees (if applicable):	
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ACCOUNTING ALLOCATION INFORMATION (NOT NEEDED FOR PRF)			
G/L	WBSE	IO	Amount

Department Head Approval: _____
 (or designee) Signature Date

Comptroller Approval: _____
 Signature Date

PI Approval: _____
 Signature Date