|  |  |  |  |
| --- | --- | --- | --- |
| Cardholder Name  | Click here to enter text. | Card # (last 4 digits)  | Click here to enter text. |

This form is to be completed and submitted with the PCard monthly statement in lieu of the original receipt(s).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Transaction Date** | **Vendor Name** | **Description** | **Quantity** | **Unit Price** | **Total Amount** |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

 **I certify that the amounts shown above were expended for Elizabethtown College Business purposes.**

**Cardholder (**signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)

**Person Responsible for Statement Review** (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)

**ADMINISRATIVE USE ONLY**