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

Cardholder Name:   
  
Department:   
  
Card Number (last 4 digits)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Vendor Name | Item Description | Quantity | Unit Price | Total Amt |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

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

Notes: