

Purchase Card Administrator Purchase Card (PCard) Payment Approval Form

MSN: 3C5 Tel: 3-2580

Department: Statement Date:____

Instructions: Send this form with original signatures and monthly statement to the Purchase Card Administrator no later than the 10th of the month. Failure to submit on time may result in automatic card cancellation. All supporting documentation must be retained in the Department for three years. For charges on funds that begin with a 2, all supporting documentation must be retained in the Department for ten years. A list of <u>expenditure account codes</u> may be found on the Fiscal Services web site at http://fiscal.gmu.edu/expenditure-account-codes/.

dholder Name:	Card Number: (Use last six digits of ca	Statement '	Total *
	(Use last six digits of ca	na number)	
Fund or Org Number	Account Code	Amount	**Entered in e or Exempt Yes/No
			103110
*	Total Amount (Must Agree with Statement Total)		XXXXXXXX
	f all transactions for an account code meet this rec	uiromant Othanuica	ontor No
	holder and Supervisor Must Sign This Form	un ement. Other wise	, enter No.
	at this payment is for goods and/or services received in acco	rdance with State and Univ	versity purchasing
regulations.			
Signature:	Print Name:	Date:	
Prepared by: (If different from	m Cardholder)		
Signature:	Print Name:	Date:	
G			1 11
purchasing policies were adhere	y certify that I have reviewed the expenditures, each transactid to.	on is a valid business purc	chase, and all
Signature:	Print Name:	Date:	
btain signatures below for an	y charges to a fund or org for which your supervisor a	loes not have signature	authority:
and or Org Number	Signature of Approving Official on Fund or Org	and or Org Print Name	
			October