

P-Card Transaction/Reimbursement Form for Sociology Department

Today's Date _____

Notes:

Your Name : _____

Date Purchased: _____

Vendor Name: _____

Item(s) Purchased: _____

Reason for purchase: _____

**** (IF THIS IS TRAVEL OR A MEETING Complete details below) ****

Item Cost: \$ _____

CHARGE TO:

****Travel Information - REQUIRED (IF APPLICABLE) ****

Name of traveler(s): _____

Depart dates/times: _____

Return dates/times: _____

Destination: _____

Purpose of travel: _____

****Business Meeting/Meals - REQUIRED (IF APPLICABLE) ****

Date: _____

Location: _____

Purpose: _____

Attendees: _____
