

# P-Card Transaction/Reimbursement Form for Sociology Department

Todays 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: \_\_\_\_\_  
\_\_\_\_\_