

PAYMENT TRANSACTION COVER SHEET

Submitter Name _____

Please check appropriate transaction:

- Requisitions, including catering orders
- Purchase Orders
- PRD Payments
- Procard Payment (Last four digits of card _____)
- Internal billing within UK

Cardholder's name (If different than submitter) _____

** Be sure to include all documentation including receipts, invoices and quotes. Procard purchases require original receipts, not copies.*

** If purchase is for a function, attach a list of attendees and note whether they are internal or external.*

** If using a cost center other than your own, please attach email approval to use the account from the appropriate staff.*

**Only use one account number/Cost center per page.*

Transaction Date	Vendor Name	Description of Purchase	Justification of Purchase	Destination and purpose of travel	Amount	Cost Center to be charged

PLEASE COMPLETE ENTIRE FORM

PRIOR APPROVAL

Please obtain approval from your supervisor prior to making purchases.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____