

PROCUREMENT CARD TRANSACTION FORM

Department Name _____ Date of Purchase: _____

Account Number (last 4 digits) _____ Amount _____

.....

Vendor Information:

Vendor Name: _____

Address: _____

Name of Vendor Representative _____

Telephone No. _____ Fax No. _____

.....

| Description of Items | Quantity | Unit Cost | Total Cost |
|----------------------|----------|-----------|------------|
|----------------------|----------|-----------|------------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

(Attach additional sheets if necessary)

Shipping/Handling Charges _____

Total Cost _____

Signature Date