

Purchasing Card Record

Questions about this form? Please call 701-231-7432

Cardholder	(Employee):			
Reporting P	eriod: From:	To:		
Date of Purchase	Vendor	Items Purchased	Total of Charge	On Statement?
		Total:		
	ratement Included? () \\ ncluded? () Yes () No	Tes No If any receipts are missing, contact the University Administrator.		
Cardholder Signature		Date	la:	
				int this form.
Department Administrator Signature		Date	Route this form to: Accounting Department Old Main 11 Phone (701) 231-7432	

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