

Cardholder (Employee): _____

Reporting Period: From: _____ **To:** _____

Date of Purchase	Vendor	Items Purchased	Total of Charge	On Statement?
Total:				

JP Morgan Statement Included? Yes No

All Receipts Included? Yes No *If any receipts are missing, contact the University Administrator.*

Cardholder Signature Date

Department Administrator Signature Date

Please print this form.

Route this form to :
Purchasing Department
Old Main 17
Phone (701) 231-7462