

# Procard Transmittal Form

**Please attach one receipt per form and submit to Mary Ellen Maeker in the business office within 2 business days of the purchase.**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Description and Justification of Items Purchased:

Date items purchased:  Date items received:

The attached charges need to be expensed to accounts as indicated below (lines 2 & 3 should only be used when charges from a single purchase will be expensed to multiple accounts):

Item(s):	Amount:	Account #:
1. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>

For business meals, please provide the following information:

Date: \_\_\_\_\_ Location:

Purpose:

Attendees:

***I certify that all items listed on the attached receipt have been physically received and that they will be used only for legitimate business purposes.***

\_\_\_\_\_  
Purchaser

**APPROVED BY**

\_\_\_\_\_  
Dean/Director/Supervisor

For business office use only

Verified in Citi Direct   
initials

Moved to:	Amount:	Account #:	Object Code:
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>