

Sacred Heart University

APPROVAL OF PURCHASING CARD EXPENSES

Statement Date: _____

I have viewed my transactions and approved each expense.

I have reviewed this statement to ensure that a receipt or form is attached for every transaction amount listed.

I understand the Pcard should NEVER be used to make personal purchases. If an inadvertent mistake occurred, I verify that it has been properly documented and reimbursement has been made.

I agree to follow the established procedures for using the Purchasing Card as they are listed in the Purchasing Card Manual.

Cardholder Name (Print)

Department Name

Cardholder Signature

Date

I have reviewed every transaction listed on this statement. By signing my approval below, I verify that each transaction has been properly substantiated or corrective action has been taken.

Supervisor Signature

Date