

University System of New Hampshire Financial Services P-Card Expense Form

Please use this form to submit all receipts incurred using assigned Purchase Card.

8 6 1 +

Card #

Email Address:

Phone Number:

Institution:

Department:

Signature:

Purchase Detail

Purchase Date

Item(s) Purchased: If not provided on receipt

Business Purpose: Please be specific

If receipt is for a business meal please list names of attendees

Total Expense:

Is this related to a sponsored program or grant? t?

Yes No

If yes please fill in the Account code below

<u>FUND</u>	<u>ORG</u>	<u>PROGRAM</u>	<u>ACCOUNT</u>	<u>ACTIVITY</u>	<u>LOCATION</u>	<u>AMOUNT</u>

*If not provided will automatically charge default FOAPAL

UNH STAR Approval

Principal Investigator Name <input style="width: 200px; height: 20px;" type="text"/>	
Principal Investigator Signature <input style="width: 200px; height: 20px;" type="text"/>	Date <input style="width: 150px; height: 20px;" type="text"/>
Approver Name <input style="width: 200px; height: 20px;" type="text"/>	
Approver Signature <input style="width: 200px; height: 20px;" type="text"/>	Date <input style="width: 150px; height: 20px;" type="text"/>

This completed form and purchase receipts / invoice must be submitted FOC within seven (7) days of the purchase
Email this form and all receipts to FOC Travel & Expense Administration (fc.pcard@usnh.edu) for processing