**P-Card Transaction Description Form**

This form is required for all P-Card transactions.

Cardholder’s Name: Department:

Supervisor’s Name: Today’s Date:

Requestor’s Name: Merchant Name:

Transaction Date: Transaction Amount: $ Org to be charged:

Please describe in detail what will be purchased:

Please describe what the purchase is for:

Cardholder Certification:

I hereby acknowledge that the above transaction was purchased by me using my P-Card for the purposed listed above and was made in the best interest of the college. I also acknowledge that all items were received by me.

Cardholder’s Printed Name: Date:

Cardholder’s Signature:

Supervisor’s Printed Name: Date:

Supervisor’s Signature: