

NAME ON CARD _____ CARD NUMBER (Last 4) _____
ORGANIZATION _____
EMAIL ADDRESS _____ PHONE _____

TRAVELER'S NAME _____
TRANSACTION ID _____ TRANSACTION DATE _____
MERCHANT _____ TRANSACTION AMOUNT _____

Please provide an explanation of why a detailed receipt could not be obtained

This expense is being charged to a grant/contract and the claimed expenses are in compliance with the conditions and/or terms as outlined in the grant/contract.

I certify that no alcohol was purchased and that the purchase is in compliance with all UAB P-Card policies and procedures.

Cardholder Name (Print) _____ Cardholder Signature _____ Date _____

Fiscal Officer Signature _____ Date _____