

CARDHOLDER: \_\_\_\_\_

DATE: \_\_\_\_\_

TRANSACTION FOR TRAVEL YES/NO    CITY \_\_\_\_\_    STATE \_\_\_\_\_

PURPOSE OF PURCHASE AND BENEFIT TO STATE: (Must be filled, be specific)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MERCHANDISE PICKED UP - RECEIPT MUST BE ATTACHED TO THE EMAIL THAT POPS UP WHEN THE SUBMIT BUTTON IS PRESSED.**

Account Number: \_\_\_\_\_ Ship Date: \_\_\_\_\_

Vendor: \_\_\_\_\_ Spoke to: \_\_\_\_\_

\_\_\_\_\_  
Phone: \_\_\_\_\_

\_\_\_\_\_  
Fax: \_\_\_\_\_

Confirmation #: \_\_\_\_\_ Customer # \_\_\_\_\_

**————— This section MUST be completed —————**

Item Number or Vehicle #	Description	Quantity and Unit	Unit Price	Extended Total

Type of item(s) purchased, example: lab supplies, book, etc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Card holder signature: \_\_\_\_\_

**SUBMIT**