# ST JOHN FISHER COLLEGE PURCHASING

# TRAVEL AND CONFERENCE CREDIT CARD FORM

COLLEGE	CARDHOLDE	CARDHOLDER NAME		DEPARTMENT		
PURCHASIN 585-385-8059	G	Print				
This form with	appropriate documentation N	MUST BE SUBMITTED WITH	IN 5 DAYS OF RECEIVIN	G YOUR MONTHLY	STATEMENT.	
	11 1	chis form. Do not use paper clips, as				
1		unt, and Program). Meals and enter				
	( , , ,	, , , , , , , , , , , , , , , , , , ,				
DATE	VENDOR	DESCRIPTION/CO	OMMENTS	BANNER FOAP	AMOUNT	
				TOTAL →		
I hereby certify that	t all goods and services purchase	d and received were done				
	ny position at St. John Fisher Co			e expenses listed on this form		
	entation to verify these purchases	and this form has been	reviewed as necessary for the conduct of business at St. John Fisher			
reconciled to the at	tached monthly statement.		College. Each FOAP	as identified is correct. I app	prove these expenses.	
CARDHOLDER SIGNATURE		DATE	APPROVER SIGNATI	APPROVER SIGNATURE DAT		
			III I IIO , ER OIGI (III )	<del></del>		
PLEASE NOTE:	Improperly completed form	ns or forms submitted without the appr	opriate documentation will not be	processed and will be return	ned to the Approver.	

# INSTRUCTIONS FOR TRAVEL AND CONFERENCE CREDIT CARD FORM

# Please print legibly and complete the entire form.

### **CARDHOLDER NAME**

• The person's name as it appears on the credit card.

### **DEPARTMENT**

• Provide the department that the cardholder works in and is submitting the purchasing card form for.

### DATE

• The date of the purchase.

### **VENDOR**

• The merchant where the purchase was made.

## **DESCRIPTION/COMMENTS**

- Each purchase must have a description of the charge. Meals and entertainment must have the names of those in attendance.
- Complete and attach all documentation necessary to support payment for the items listed.
   Receipts clearly indicating the date, vendor, purchase description, and amount <u>must</u> be provided.
- All purchases made in New York State are tax exempt. A tax exempt certificate should be presented for all purchases. Contact the Business Office for a copy of the College's Tax Exempt Certificate.

### **BANNER FOAP**

• Provide complete FOAP (Fund, Org, Account, and Program) to be charged for each amount listed. If more than one FOAP is appropriate, then indicate the amount charged to each FOAP.

### **AMOUNT**

• Provide the amount of the purchase.

# **CARDHOLDER SIGNATURE and DATE**

• The cardholder must sign and date the form certifying that the purchases were received and used for St. John Fisher College.

# APPROVER SIGNATURE and DATE

- The Budget Manager (person responsible for each FOAP) must sign and date the form certifying that the purchases have been reviewed and approved.
- The Cardholder *and* the Approver cannot be the same person.