UNIVERSITY OF NEBRASKA - LINCOLN
Purchasing Card Program's Transaction Voucher

Date: _____   Amount: $ _____

Requester's Name: _____

Cardholder's Name: _____

Vendor's Name: _____

Reason why Prime Vendor not used:

Item Description:

Business Purpose:

Item Location: _____

Cost Object: _____

G/L Account: _____   (if known)

When ordering via phone:

Contact Person: _____

Contact's Phone Number: _____

For online orders, attach copy of confirmation and send invoice/receipt when received.
By signing below, as purchaser and cardholder, I affirm that I've authorized this purchase and did not share my card:

Cardholder's Signature: _____

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FOR OFFICE USE ONLY

Reconciler/Approving Official's Signature: _____

Reconciler's Use Only:

Document Date: _____

Posting Date: _____

SAP Document No. _____

1/24/2013