



Purchasing Card Reimbursement

NAME OF CARDHOLDER: _____

INSTRUCTIONS: Use this form to document Purchasing Card use. All transactions should be listed on this form and submitted to the Finance Department within one to three business days of use. In cases where charges are completed at the end of the month, this form and receipts must be turned in to the Finance Department by the end of the month. Complete the following fields below for each purchase, attach all receipts and any additional documentation, sign & date the form & submit to the Finance Department.

Date of Purchase: _____ Account: _____ Amount Billed: _____

Name & Address of Merchant: _____

Description of Supplies/Services: _____



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Name & Address of Merchant: _____

Description of Supplies/Services: _____

I agree the information contained above is true, complete, and accurate to the best of my knowledge. I am aware that knowingly submitting false information on a City of Maple Heights' record of P-Card purchases may subject me to discipline and/or other punitive measures as authorized by law.

SIGNATURE OF CARDHOLDER (Sign in ink)

DATE



Finance Department's Office Use Only:

Received By: _____

Date: _____