



Vendor Name_____

Name and Club on Card:_____

Last 4 digits of card:_____

Circle: **CHARGE** **CREDIT**

Account Name	
Purchase Date	
Detailed Purpose of Purchase & Use (What, Why, When, Where)	
Food/M meal (if applicable)	
Club/Entity	
Email	
Phone	

[illegible]

Completed by: _____ **Position:** _____ **Date** _____

Directions: A receiving report must be completed for all purchases within 24 hours of a purchase with an attached itemized receipt.