

Department Card Receiving Report			Food/Meal Participant List (if applicable)
Vendor Name			
Name and Club o	on Card:		
Last 4 digits of c	eard:		
Circle:	CHARGE	CREDIT	
CLUB #	ACCOUNT #	AMOUNT \$	
	Total:		
	Iotai		
Account Name			
Purchase Date			
Detailed Detailed			
Purpose of			
Purchase & Use			
(What, Why,			
When, Where)			
Food/Meal (if			
applicable)			
Club/Entity			
Email			
Phone			
			_ ,
Completed by:		Position:	Date

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