

P-Card Charge/Reimbursement Form

Department of Biological Sciences

Name of person submitting receipt(s): _____

CWID: _____

Date submitted: _____

Please check the appropriate box:

Is the receipt(s) for a **P-Card Charge** ☐ or **Reimbursement** ☐ ?

What account should be charged? If multiple accounts, then please specify allocations to each account.

Account # _____ Commitment # _____

Departmental Funds (excluding Commitments) - Was approval obtained via Qualtrics? Yes ☐ No ☐

****Qualtrics approval will be verified by Amy Banks****

P-Card Charges – What was the business purpose? _____

Reimbursements – Please list the destination and business purpose for travel: _____

Dates of Travel: _____ Who Attended: _____

Will you be claiming Per Diem for meals? Yes ☐ No ☐

Dates Per Diem will be claimed: _____

If a conference was attended, were any meals provided? Yes ☐ No ☐

If yes, then please list: _____

International Travel – Was a Concur International Travel Request submitted PRIOR to travel? Yes ☐ No ☐

****Concur Request approval will be verified by Amy Banks****

****Students who traveled internationally must provide a copy of their SOS International Travel Insurance****

Please sign giving permission to charge to account(s) indicated.

Sign: _____ Date: _____

****If charging to a GRANT, then this form must be signed by the PI prior to submitting receipts****