

CARDHOLDER NAME:	TAPE RECEIPT HERE <i>(Itemized receipt is needed for back-up)</i>
UCCE COUNTY OFFICE:	
VENDOR/MERCHANT NAME:	
DATE OF TRANSACTION:	
AMOUNT OF TRANSACTION:	
IF APPLICABLE, DID VENDOR INCLUDE SALES TAX:	
YES _____ (AMT OF TAX) NO	
ACCOUNT TO CHARGE: <i>(Include Sub Account & Project Code, if applicable)</i>	
DESCRIPTION OF ITEMS PURCHASED:	
BUSINESS PURPOSE:	
SUPERVISORY REVIEWER SIGNATURE:	
<i>Date:</i>	
SUPERVISORY REVIEWER NAME (PRINTED):	
PRINCIPAL INVESTIGATOR SIGNATURE: <i>(if Applicable)</i>	
BOC-K USE: Kualii Document Number:	