

CARDHOLDER NAME:	
UNIT	
VENDOR/MERCHANT NAME:	
DATE OF TRANSACTION:	
AMOUNT OF TRANSACTION:	\$
IF APPLICABLE, DID VENDOR INCLUDE SALES TAX:	YES _____ (AMT OF TAX) NO
ACCOUNT(S) TO CHARGE: <i>(Include Sub Account & Project Code, if applicable)</i>	
DESCRIPTION OF ITEMS PURCHASED:	
BUSINESS PURPOSE:	

SUPERVISORY REVIEWER SIGNATURE: _____ date

SUPERVISORY REVIEWER NAME (PRINTED): _____

FISCAL OFFICER SIGNATURE: _____ date

BOC-D USE: Kualii Document Number: _____

Email to BOCD@ucanr.edu or fax to (530) 750-1092