University of California
Agriculture and Natural Resources ■ Business Operations Center

PURCHASING CARD TRANSACTION DETAIL

CARDHOLDER NAME:	**TAPE RECEIPT HERE** ***(Itemized receipt is needed for back-up)***
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: *(Include Sub Account & Project Code, if applicable)*	
DESCRIPTION OF ITEMS PURCHASED:	
BUSINESS PURPOSE:	
SUPERVISORY REVIEWER SIGNATURE: ***Date:***	
SUPERVISORY REVIEWER NAME (PRINTED):	
PRINCIPAL INVESTIGATOR SIGNATURE: ***(If Applicable)***	
BOC-K USE: ***Kuali Document Number:***	

Email to BOCK@ucanr.edu or fax to (559) 646-6041