MISSISSIPPI UNIVERSITY FOR WOMEN
PROCUREMENT CARD

TRANSACTION FORM

Account Number: _____ Billing Period: _____

Cardholder Name: _____ Department Name: _____

Default Information:

Fund Code: _____ Organization Number: _____ Organization Name: _____

Reclassification Information:

Fund Code: _____ Organization Number: _____ Organization Name: _____

Transaction Date	Vendor	Object Code	Quantity	Unit of Measure	Description & Specifications	Unit Price	Total Price
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
Month:						Total Purchase:	$ 0.00

Through my signature, I am acknowledging that the purchases listed above comply with the University's Procurement Card Program guidelines and procedures.

_____ _____
Signature of Designated Card Administrator Date

_____ _____
Signature of Cardholder Date

_____ _____
Signature of Cardholder's Supervisor Date

08/2024

Print Form