

Additional Information Form

	(NOT T	TO BE USED FOR MEALS OR ENTERTA	AINMENT)	
Employee Name	•		•	
Department				
Date of Activity				
Type of Activity				
EXPENSE DETAIL				
Reason for Expense	Activity	Date of Activity	Amount Expended	
•			•	
TOTAL EXPENDED: \$			\$	
	·			
	PARTIC	CIPANT INFORMATION (IF APPLICABLE)		
Name of Participant			Affiliation to the University	
	•		•	
personal purchase but v	vas made for official l nentation for the activ	ation for any P-Card transaction th University business purposes. All vity should be attached to the form ent.	itemized receipts and	
•		ct and were incurred for the Unive mance of my assigned University	•	
Employee S	ignature	Printed Name	Date	
Card Manager or Supervisor Signature		Printed Name	Date	