



**UNIVERSITY OF WEST GEORGIA
P-CARD ACCOUNT SUMMARY
Appendix D**

Cardholder Name:					
Department Name:					
Statement Date:					
Last 8 digits of Credit Card Number:					
Chart of Account:					
Fund	Dept ID	Program	Class	Project	Account
					714190
Total Charges:					

Instructions:

1. Summarize charges by Chart of Account Number – (please complete a separate summary form for each Chart of Account Number utilized with the appropriate receipts attached).
2. Obtain appropriate signatures (please note that the cardholder and approver cannot be the same individual).
3. Forward original purchasing card statement, original receipts, account summary and activity log (if applicable) to P-Card Administrator.

Cardholder Signature: _____ **Date:** _____

Approval Signature: _____ **Date:** _____
(Department Head/Supervisor)

(VP or Sponsored Operations) – if applicable **Date:** _____

Verified by: _____ **Date:** _____
(P-Card Administrator)