

University of West Georgia P-Card Account Summary Form

Cardholder Name:						
Department Name:						
Statement Date:						
Last 8 of card #:						
Chart of Account:						
Amount	Account	Fund	Dept. ID	Program	Class	Project ID
← 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 transaction log to the P-Card Administrator by the deadline date.

By signing below I certify that I have made all of the listed transactions on behalf of the Agency and that they comply with the established procedures for using the purchasing card.

Cardholder Signature: _____ **Date:** _____

By signing below I certify that I have reviewed all of the charges, invoices/receipts, and charging information for the attached purchases. All charges and documentation comply with State and Agency purchasing regulations and all charging information is complete and correct.

Approval Signature: _____ **Date:** _____

Authorized Approver (Required)

Date: _____

Dean or Vice President (if applicable)

Date: _____

Research & Sponsored Operations or Tech Fees (if applicable)



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