

P-CARD TRANSFER FORM

Date _____

Name on the card _____

Project Name _____

Last 4 digits on p-card _____

List all expenses:

DATE	VENDOR	AMOUNT	MOVE TO INDEX
8/8/2009	USU BOOKSTORE	20.00	A00000

Why is this transfer being requested?

Signature of requestor

Please attach ALL receipts to this form and return to the Business Service Center.