**Procurement Card Justification for Card Holder**

**<<NAME>>**

**<<E-MAIL ADDRESS>>**

**<<PHONE>>**

Who:

What:

Where:

When:

Why:

Amount:

|  |
| --- |
| **Chartfield Information** |
| Line | Fund | Dept ID | Program | Project | Account (optional) | Chartfield 1 | Chartfield 2 | Fin Empl ID | Dollar Amount |
| 1. |      |       |       |       |       |       |       |       |       |
| 2. |      |       |       |       |       |       |       |       |       |

Card Holder’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

One-up Approver Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Examples of items that *require one-up approval*:* All travel-related expenditures
* Conference registration
* Society membership dues
* Internet fees
* Hospitality meals, including recruitment/development events
 | Examples of items that *do not require* one-up approval:* Flowers for funerals, etc.
* Books & supplies
* Subscriptions for periodicals used in the normal course of business
* Gifts for donors, etc.
* Lunches for committee meetings
 |

For questions regarding this transaction contact *(only if different from cardholder):*

Name:

Phone:

E-mail:

Fax:

AHC Office Use Only

Audited: \_\_\_\_\_\_\_\_

Scanned: \_\_\_\_\_\_\_\_

Entered: \_\_\_\_\_\_\_\_