CEHS Purchasing Card: Transaction Voucher **Requestor Information:** Requestor's Name: Cardholder's Name: **Order Information:** Merchant Name: Order Date: Amount: \$ (If Registration) Concur Trip Number: Service/Goods Receipt Date: Fax At Vendor With Shipment Invoice Received via, check one: Website Email or Mail Packing slip received: Yes No **Description of item(s):** (at a minimum: higher-valued items; specific, lay terms) Business Purpose (required, check one): Supplies Resale Research/lab Instruction Marketing/Advertising **Employee Development** Extension/Outreach Repairs/Maintenance or Other **Accounting Information:** Cost Object: G/L Account: Cost Object: G/L Account: Cost Object: G/L Account: **Cardholder Information:** By signing below, as purchaser and cardholder, I affirm that I've authorized this purchase and did not share my card: Cardholder's Signature: Approval: Funding Departmental Approval: (as needed) Date: Approving Official's Signature: Date: **Reconciler Information:** Document Date: Posting Date: SAP Document No.

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