

UNIVERSITY OF NEBRASKA - LINCOLN
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: _____

Invoice Received via, *check one*: Website Email Fax At Vendor With Shipment 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	Repairs/Maintenance	Extension/Outreach	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 : _____ Date: _____
(as needed)

Approving Official's Signature: _____ Date: _____
(Required)

Reconciler Information:

Document Date: _____

Posting Date: _____

SAP Document No. _____