CREDIT CARD VOUCHER

THE UNIVERSITY OF SOUTHERN MISSISSIPPI

CARDHOLDER	
CARD NUMBER	
BILLING PERIOD	

DEPARTMENT NAME	
PHONE NUMBER	
BOX	
EMAIL	

Please attach all <u>original</u> receipts and memo statements to this form.

DATE	VENDOR	ACCOUNT	FUND	DEPTID	PROGRAM	PROJECT/ GRANT	AMOUNT
						TOTAL	0.00

APPROVALS:

CARDHOLDER _____
SIGNATURE DATE

PRINCIPAL INVESTIGATOR, IF REQUIRED _____
SIGNATURE DATE

EXPENDITURE AUTHORITY _____
SIGNATURE DATE

OFFICE OF CONTRACTS AND GRANTS ACCOUNTING, IF REQUIRED _____
SIGNATURE DATE

BUDGET STRING SUMMARY					
ACCOUNT	FUND	DEPTID	PROGRAM	PROJECT/GRANT	AMOUNT