

**CREDIT CARD VOUCHER**  
**THE UNIVERSITY OF SOUTHERN MISSISSIPPI**

CARDHOLDER	
CARD NUMBER	
BILLING PERIOD	

DEPARTMENT NAME	
PHONE NUMBER	
BOX	
EMAIL	

Please attach all original receipts and memo statements to this form.

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

**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