CREDIT CARD VOUCHER
THE UNIVERSITY OF SOUTHERN MISSISSIPPI

revised 2/2/2011

CARDHOLDER	
CARD NUMBER	
BILLING PERIOD	

DEPARTMENT NAME	
PHONE NUMBER	
BOX	
EMAIL	

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

TRAN #	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