

UNIVERSITY OF FLORIDA (Orange Sheet)

6073

PURCHASE CARD/P-CARD TRAVEL CHARGE

Project #:	_____	Source of Fund:	_____
Fund Code:	_____	Flex #:	_____
Program Code:	_____	CRIS #:	_____

Print Card Holder Name: _____

Card Holder Signature: _____

P.I. Signature: _____

UF ID #: _____

TA #

Account # for Business Office use ONLY

PLEASE ATTACH ALL APPROPRIATE RECEIPTS TO THIS FORM

Traveler's Name: _____

Destination: _____

Dates of Travel: _____

IN STATE OUT OF STATE FOREIGN

Vendor Name: _____

Registration Amount \$ _____

Lodging Amount \$ _____

Airfare Amount \$ _____

Car Rental Amount \$ _____

Parking Amount \$ _____

OTHER / (LIST) Amount \$ _____

Reconciler Initials Date _____

Approver Initials Date: _____