



**SAVANNAH STATE UNIVERSITY
APPROVAL OF PURCHASING CARD EXPENSES FORM**

Statement Date _____

I (or my appointed representative) have viewed my transactions and approved each expense.

I have reviewed my statement to ensure a receipt or form is attached for every transaction amount listed. (Forms include: Refund, Change in Accounting, Credit Confirmation, Missing Receipt Affidavit or Disputed Item.)

I agree to follow the established procedures for using the Purchasing Card as they are listed in the Purchasing Card User's Manual.

Cardholder Name (Print)

Department Name

Cardholder Signature

Date

I approve of the transactions listed during this period.

Supervisor Signature

Date