



University System of New Hampshire Financial Services P-Card Expense Form

Please use this form to submit all receipts incurred using assigned Purchase Card.

USNH ID:

Cardholder's Name:

Institution:

Email Address:

Department:

Phone Number:

Signature:

Purchase Detail

Purchase Date:

Item(s) Purchased: *If not provided on receipt*

Business Purpose: *Please be specific*

If receipt is for a business meal, please list names of attendance:

Total Expense:

Is this expense related to a sponsored program or grant?

Yes No

If yes, please fill in the Account code below

<u>FUND</u>	<u>ORG</u>	<u>PROGRAM</u>	<u>ACCOUNT</u>	<u>ACTIVITY</u>	<u>LOCATION</u>	<u>AMOUNT</u>

**If not provided, will automatically charge default FOAPAL*

UNH STAR Approval

Principal Investigator Name:

Principal Investigator Signature:

Date:

Approver Name:

Approver Signature:

Date:

This completed form and purchase receipts / invoice must be submitted to the FOC within seven (7) days of the purchase.
Email this form and all receipts to FOC Travel & Expense Administration (foc.pcard@usnh.edu) for processing.