



MEMORANDUM FOR RECORD
Documentation in Lieu of Purchasing Card Receipt

- Texas AgriLife Research** **Texas AgriLife Extension Service**

TRANSACTION INFORMATION:

Vendor Name and Address: _____

Vendor Representative and Phone #: _____

Transaction Date: _____ Transaction Amount: _____

Items Purchased/Returned (please itemize) _____

Please indicate here if sales tax was charged/credited; details for business meals to include the 5 IRS Ws; itemize the alcohol purchase to include the unrestricted account for the expenditure.

CARD INFORMATION:

Cardholder Name: _____ Card Number: xxxx-xxxx- _____

Name of person making purchase/return (if other than the cardholder): _____

CERTIFICATION:

I certify that the above stated information is correct, accurate and purchase/return was made for Texas A&M AgriLife business. Every attempt was made to obtain the itemized receipt and efforts were documented prior to the use of this form.

Signature of the Purchaser: _____ Date: _____

Signature of the Cardholder: _____ Date: _____

Department/Unit Approval: _____ Date: _____