Eberly College of Arts & Sciences

Procurement Card

CREDIT/RETURN FORM

Cardholder Name: _____   Vendor: _____

Department: _____   Reference No: _____

Last 6 Digits of ProCard: _____

Phone Number: _____

Date: _____

REASON FOR RETURN

_____

_____

_____

_____

ACTION TO BE TAKEN

O Exchange to be for Same

O Exchange for Different

O Credit Issued to Procard

GL Accting. String or POETA Accting. String	DA or Project	Func. or Task	Fund or Award	Amount
Accounting String 1				
Accounting String 2				
Accounting String 3				
Accounting String 4				

Cardholder Signature and Date: _____

Budget Officer Signature and Date: _____