

NAME ON CARD \_\_\_\_\_ CARD NUMBER (Last 4) \_\_\_\_\_  
ORGANIZATION \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

TRAVELER'S NAME \_\_\_\_\_  
TRANSACTION ID \_\_\_\_\_ TRANSACTION DATE \_\_\_\_\_  
MERCHANT \_\_\_\_\_ TRANSACTION AMOUNT \_\_\_\_\_

**Please provide an explanation of why a detailed receipt could not be obtained**

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This expense is being charged to a grant/contract and the claimed expenses are in compliance with the conditions and/or terms as outlined in the grant/contract.

I certify that no alcohol was purchased and that the purchase is in compliance with all UAB P-Card policies and procedures.

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Cardholder Name (Print)	Cardholder Signature	Date
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Supervisor Signature	Date
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