



TEXAS A&M UNIVERSITY  
School of Medicine

## Credit Card Receipt Form

Form and supporting document(s) are due within **3 days** of receipt of purchase or payment. Submit one form for each expense. **Please upload completed packet as a single pdf file to your Concur profile. INCLUDE ALL RECEIPT(S) & INVOICE(S)**

<b>Travel</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Reimbursement</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Last 4 digits of Card #</b>	
<b>Date of Purchase</b>	
<b>Vendor Name</b>	
<b>Invoice #</b> (if applicable)	
<b>Receipt(s) Total</b>	
<b>Charged By</b> (print name)	
<b>Account #</b> (if known)	
<b>Purpose of Purchase</b> (be specific: who, what, when, where, and why) Note: If purchase was for an employee/student name and UIN# is required.	
<b>Tax Included</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes: Has vendor been contacted for refund? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Will refund be issued? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Meal</b> (list attendees and affiliation, if needed include on separate page)	

**Attach Receipts Here**

**Or**

**On Separate Page**

**(Must include itemized meal receipt)**

Submitted by	Phone Number & Email Address	Date Submitted