

FSHN Purchasing Support Form (PSF)

Cardholder/Purchaser Name _____ UIN _____ Phone _____ Email _____

Only original itemized receipts are accepted. Photocopies or quotes are not acceptable. Do not tape receipts, please staple. Do not write on or highlight receipts. Please remit PSF along with backup paperwork/receipts to FSHN-Accounting@illinois.edu or to FSHN Accounting Mail Box in FSHN Mail Room (268 Bevier Hall).

P Card* T Card Personal Reimbursement Vendor Invoice PO Request Cash Advance/Participant Payment

**Only 1 receipt per PSF*

Provide term dates **ONLY** if the expense is for membership dues or conference registration. _____ Start Date _____ Expiration Date

Vendor Name	Receipt Date	Item(s) Description	Detailed Business Purpose	Receipt/Invoice Amount
<i>Example: Jones Industry</i>	<i>12/1/2014</i>	<i>Lab supplies, equipment, etc.</i>	<i>Required for..., essential for...</i>	
Total Receipts				

If a business meal was purchased, please provide a list of attendees AND their affiliation in the Comments box or attach a separate sheet.

Comments:

FOP _____ Activity Code _____ % or \$ _____

FOP _____ Activity Code _____ % or \$ _____

I certify this purchase is for University purpose and complies with University rules and guidelines.

Cardholder/Purchaser Signature Date Supervisor/Faculty Advisor Signature Date Accounting review/approval Date

Printed Name Printed Name Amy Hedrick or Leslie Alexander
Printed Name