



GREAT FALLS
COLLEGE
MONTANA STATE
UNIVERSITY

Great Falls College MSU PURCHASING CARD RECEIPT SUBMISSION FORM

Cardholder Name: _____

Purchased By: _____

Index Responsible for payment: _____

Account Code (Optional): _____

Vendor: _____

Amount of Transaction: \$ _____ Transaction Date: _____

Transaction
Description:

*This submission form must be sent to Marie Cherry, Business Office, either electronically or through intercampus mail. **All purchases must be accompanied by supporting vendor receipts, which must be submitted as soon as possible after the purchase.** The Business Office reserves the right to change account code if necessary.*

** If you did not receive or misplaced the receipt, please complete the Missing Receipt Affidavit form.*

Signature of Cardholder

Date

Signature of Cardholder's Supervisor

Date