



WEGMANS PURCHASING CARD FORM

CARDHOLDER NAME _____ DEPARTMENT _____
Print Print

This form with appropriate documentation **MUST BE SUBMITTED WITHIN 5 DAYS OF RECEIVING YOUR MONTHLY STATEMENT.** Please staple statement and original receipts to this form. Do not use paper clips, as receipts can get lost. All transactions must have a complete Banner FOAP number (Fund, Org, Account, and Program). Meals and entertainment must have the names of those in attendance.

DATE	DESCRIPTION/COMMENTS	BANNER FOAP	AMOUNT
		TOTAL →	

I hereby certify that all goods and services purchased and received were done so as an aspect of my position at St. John Fisher College. I have attached all supporting documentation to verify these purchases and this form has been reconciled to the attached monthly statement.

I hereby certify that the expenses listed on this form have been reviewed as necessary for the conduct of business at St. John Fisher College. Each FOAP as identified is correct. I approve these expenses.

 CARDHOLDER SIGNATURE DATE

 APPROVER SIGNATURE DATE

PLEASE NOTE: Improperly completed forms or forms submitted without the appropriate documentation will not be processed and will be returned to the Approver.

INSTRUCTIONS FOR WEGMANS PURCHASING CARD FORM

Please print legibly and complete the entire form.

CARDHOLDER NAME

- The person's name as it appears on the credit card.

DEPARTMENT

- Provide the department that the cardholder works in and is submitting the Wegmans purchasing card form for.

DATE

- The date of the purchase.

DESCRIPTION/COMMENTS

- Each purchase must have a description of the charge. Meals and entertainment must have the names of those in attendance.
- Complete and attach all documentation necessary to support payment for the items listed. Receipts clearly indicating the Wegmans store, date, purchase description, and amount **must** be provided.
- All purchases made in New York State are tax exempt. A tax exempt certificate should be presented for all purchases. Contact the Business Office for a copy of the College's Tax Exempt Certificate.

BANNER FOAP

- Provide complete FOAP (Fund, Org, Account, and Program) to be charged for each amount listed. If more than one FOAP is appropriate, then indicate the amount charged to each FOAP.

AMOUNT

- Provide the amount of the purchase.

CARDHOLDER SIGNATURE and DATE

- The cardholder must sign and date the form certifying that the purchases were received and used for St. John Fisher College.

APPROVER SIGNATURE and DATE

- The Budget Manager (person responsible for each FOAP) must sign and date the form certifying that the purchases have been reviewed and approved.
- The Cardholder **and** the Approver cannot be the same person.