

University Purchasing Card Reimbursement Deposit Form

UP ID#: _____ Name: _____

Department: _____ Email: _____

Account to deposit to: _____
FUND ORG GL Code ACTIVITY (if needed, not common)

**PLEASE NOTE: The account numbers above can be obtained from your Wells Fargo statement. Use the same accounting shown on the charge you are reimbursing. See sample below.*

Charges						
Select All Clear All						
	Transaction Date	Posting Date ▲	Merchant	G/L Code	Unit	Re
1.	09/08/2019	09/09/2019	Miller Nash Graham & Dunn 503-2245858,OR	07070 - Professional Fees	CONTROLLER(510)	
Description: *						
BANNERID: 000908047				ORG: 510		
FUND: 1000				ACTIVITY:		
PO NUMBER:				FT01:		

Description: _____ Pcard Reimb
First Initial, Last Name (MM/YY)

**Description should include First Initial, Last Name, Month and Year the charge posted to your pcard statement.*

For example: JSmith 03/19

Cash Total: _____

Check Total: _____

Submitted By: _____ Date: _____

Instructions

1. Bring completed deposit form and payment to the Cashier – 130 Waldschmidt Hall. please e-mail pcard@up.edu
2. A payment receipt will be provided to you within two business days.
3. Payments made after 3:00PM will be processed the following business day.
4. Attach the receipt in Wells Fargo as documentation for the transaction being reimbursed. Receipts can be uploaded to the statement level if the reimbursement covers multiple transactions. Receipts can be uploaded to your statement even after the reconciliation deadline has passed.

For assistance in completing this form contact pcard@up.edu