

# WVU FOUNDATION PURCHASING CARD SUBSTANTIATION FORM

The itemized receipt for the purchase and this form, must be submitted to the Card Coordinator within 48 hours of the purchase.

Cardholder Name _____	Date of Purchase _____
Vendor Name _____	Purchase Amount _____
Business Purpose	

**Hospitality /Entertainment Justification**

Number of Individuals in Attendance  If number of individuals is greater than 10, a general description of the attendees by category, such as faculty, staff, students or donors is acceptable. This information can be listed anywhere below.

Names of Individuals Entertained:	Relationship to WVU

**Distribution**

Fund No.	Fund Name	GL Account Code	Amount

Cardholder \_\_\_\_\_

Approver Signature \_\_\_\_\_  
 I certify that this expense is in accordance with the WVU Foundation Cash Disbursement Policy and Purchasing Card Program Policies and Procedures.