P-Card Approval Form {WORKS Payment Manager)

All p-card transactions on this statement have been received in the WORKS Payment Manager

Attach all original invoices/receipts to verify purchases

Cardholder Name _____

Department Name _____

Card Number (last four digits only) _____

Total Amount _____

Statement Date _____

Cardholder Signature _____ Date_____

Approver Name and Signature_____Date_____

For Business Use Only

Reviewed By _____

Date_____