

NEUROSCIENCES DEPT.
ALZHEIMER'S DISEASE COOPERATIVE STUDY
EXPRESS CARD VALIDATION OF EXPENDITURE

INDEX NO:

Receipt attached to form

CARDHOLDER NAME:

Last four digits of Express Card:

Purchase Date:

Today's Date:

Requester:

Date Request:

Item(s) Requested:

Purpose for purchase:

MERCHANT NAME / LOCATION

Merchant

Location

RECEIPT AMOUNT:

Invoice Number:

CARDHOLDER'S SIGNATURE

If Receipt Lost, explanation required:

Financial Manager Signature (Required for lost receipt)

PURCHASING

ATTACH RECEIPT HERE

OR TO THE BACK

Last Update: 10/6/2006

Print Date: