NJ Department of Military and Veterans Affairs
State of New Jersey Purchasing Card
CITIBANK PURCHASING CARD PROGRAM
TRANSACTION RECORD SHEET

Office Name _____ **PO #** _____

Cardholder Name _____ **Month** _____

Accounting Information: **FY** _____ **ORGN** _____ **APU** _____ **ACTV** _____ **OBJT** _____ **RCAT** _____

Card Number _____ **-** _____
(last 6 digits of p-card)

Date Ordered	Vendor Name	Vendor ID#	Description	Unit Price	Quantity	Total Price

<u>*MUST ATTACH ORIGINAL RECEIPTS</u>

_____
Cardholder Signature / Date

_____
Approving Official Signature / Date