LNS FISCAL

MIT ProCard Verification Form

PLEASE COMPLETE	E THIS SEC	TION FOR A	LL PURCHASES	ÿ
Type of Purchase	On-line	Phone	Person	Recurring Charge
Receipt Date: *Must submit receipt Vendor:				_
Amount:				_
Account #			G/L Acct:	
Second Account:				
Description of purchase:				
THIS SECTION MUS	ST BE COMI	PLETED IF 1	RELATED TO F(OOD OR MEETING EXPENSES
*Please submit flyer	CTP Seminars		Freshmen Seminar	
	NPPC	Lunchtime	Researchers Lunch	
Date of Event (if different from receipt) (Please identify if there is a guest speaker) Name of group if 10+		Lunca	INCOME.	Number of people:
Reason for event: (Topic of discussion, Please Attach Flyer, invitation, email, etc.)				
Please Sign and Date	Below (Your si	ignature serves as ve	erification of receipt of goo	vds/services.)
Cardholder's Signature				Date
For LNS Fiscal Use Only				
Verification Date:			Verifier:	
SAP Document Number				_

LNS Fiscal Office 10/27/2014