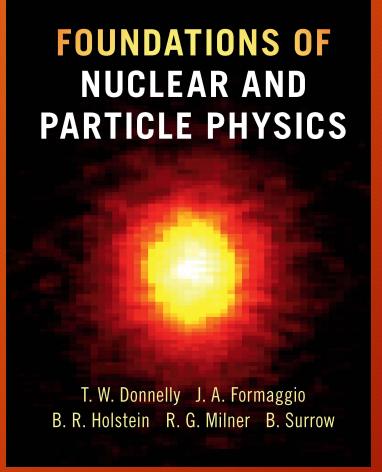
LNS FISCAL MIT ProCard Verification Form PLEASE COMPLETE THIS SECTION FOR ALL PURCHASES									
					Type of Purchase	On-line	Phone	Person	Recurring Charge
					Receipt Date: *Must submit receipt Vendor:				
Amount:									
Account # Second Account:			G/L Acct:						
Second Account.									
Description of purchase	e:								
Debergeneration									
THIS SECTION MU	UST BE COM	IPLETED IF	RELATED TO F	OOD OR MEETING EXPENSES					
*Please submit flyer	CTP Seminars	rs CTP GS	Freshmen Semina	ar					
	NPPC	Lunchtime							
Date of Event (if different		Lunchanne	Kesearchers Lune	cheon					
from receipt)				Number of people:					
(Please identify if there is a									
guest speaker) Name of group if 10+									
Reason for event:									
(Topic of discussion, Please Attach Flyer, invitation, email,									
etc.)									
Please Sign and Date	e Below (Your	signature serves as v	verification of receipt of goo	ods/services.)					
Card	holder's Signat	ture		Date					
The state of the Only									
<i>For LNS Fiscal Use Only</i> Verification Date:			Verifier:						
Verification Date.			venner.						
SAP Document Numbe	er								

Book Signing

You are cordially invited to the book signing of:



Monday, May 15, 2017 – 5:15 PM – 6:30 PM Lourie Family Common Room, 26-502 <u>Refreshments will be served</u>