

STUDENT P-CARD FORM

This form must be completed and submitted along with an adviser-approved Purchase Request and itemized receipt.

Cardholder Name: _____ Date of Purchase: _____

Supplier/Vendor: _____ Total Amount Charged: \$ _____

Amount Charged – Food: \$ _____

Amount Charged – Non-Food Items: \$ _____

Is Sales Tax Included in the Total Amount Charged: Yes No

If *yes*, please state your course of action for obtaining a refund for tax amount from the merchant:

Student Group Information	
LAST 4 DIGITS OF CARD NUMBER	NAME OF STUDENT GROUP

Business Purpose of Event/Program: *(Please provide a detailed explanation. No abbreviations.)*

Date of Event/Program: _____ Location of Event/Program: _____

Does this purchase include food? Yes No *If yes, please complete all fields below.*

Type of Meal* (Breakfast, Lunch, or Dinner): _____ **Snacks is not an allowable descriptor*

Number of attendees: _____ *If 10 or fewer, list full name of all attendees below:*

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Average cost per person: \$ _____

Check here if missing documentation or receipt. *Additional form required for missing documentation.*

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