



## P-Card Approval Form (WORKS Payment Manager)

All p-card transactions on this statement have been received in the WORKS Payment Manager

Attach all original invoices/receipts to verify purchases

Cardholder Name \_\_\_\_\_

Department Name \_\_\_\_\_

Card Number (last four digits only) \_\_\_\_\_

Total Amount \_\_\_\_\_

Statement Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

### Approval Signature(s)

Dean, Head of Department, Director \_\_\_\_\_ Date \_\_\_\_\_

Vice-President, Assistant Vice-President \_\_\_\_\_ Date \_\_\_\_\_

Dr. Thomas Hynes, President \_\_\_\_\_ Date \_\_\_\_\_

Additional Signature \_\_\_\_\_ Date \_\_\_\_\_

### For Business Use Only

Reviewed By \_\_\_\_\_

Date \_\_\_\_\_