FOUNDATION
CREDIT CARD LOG

Missouri State Foundation

Inv. # (Fin. Serv. Only) _____

Submit Completed form to Carrington 113 - Financial Services

EMPLOYEE NAME (LAST, FIRST)

FOR MONTH OF _____ 20___

Bearpass Number: M _____

Address:

FUND	ORGANIZATION	PROGRAM	ACTIVITY	AMOUNT
FA2000		065		
FN____				

Business Purpose: (Include list of people traveling)

DESTINATION:

Last 4 digits of Credit Card #: _____

DATE	Destination FROM/TO Description of Expense	DEP. TIME	ARV. TIME	73000 BKFST	73000 LUNCH	73000 DINNER	73001 HOTEL	73004 TRANSPORT /FUEL	MISC. EXP.	TOTAL
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
ABOVE TOTALS→				$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
TOTALS FROM ADDITIONAL SHEETS →										$ 0.00
TOTAL EXPENSE→										$ 0.00

I affirm the above claim is correct, that payment has been made from Foundation Credit Card and that I have not been previously reimbursed. I further affirm that I have not received and will not receive from any other source whatsoever any payment or any partial payment except as provided by law.

CLAIMANT SIGNATURE	APPROVER PRINT NAME	SIGNATURE
TITLE	TITLE	DATE APPROVED

DO NOT WRITE BELOW THIS LINE - FINANCIAL SERVICES USE ONLY

Verified by and Date: _____

TOTAL AMOUNT→

FOUNDATION
CREDIT CARD LOG

Missouri State Foundation

Inv. # (Fin. Serv. Only) _____

Submit Completed form to Carrington 113 - Financial Services

EMPLOYEE NAME (LAST, FIRST)

FOR MONTH OF JULY 2019

Bearpass Number: M _____

DESTINATION:

Last 4 digits of Credit Card #: _____

DATE	Destination FROM/TO Description of Expense	DEP. TIME	ARV. TIME	73000 BKFST	73000 LUNCH	73000 DINNER	73001 HOTEL	73004 TRANSPORT /FUEL	MISC. EXP.	AMOUNT
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
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										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
ABOVE TOTALS→				$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
									TOTAL EXPENSE (move to page 1) →	$ 0.00