



**PURCHASING CARD
UNAUTHORIZED PURCHASE FORM**

Today's Date:

Cardholder's Name:

Purchasing Card Account #:

Supervisor/Budget Head's Name:

Form Initiated By (Check one):

☐

CARDHOLDER

☐

SUPERVISOR/BUDGET HEAD

☐

**PURCHASING CARD
ADMINISTRATOR**

Description/Amount/Date of Unauthorized Purchase:

Explanation for Unauthorized Purchase: *Provide circumstances causing unauthorized purchase.
Add an additional sheet and/or supporting documentation, if necessary.*

How Will Purchase Be Reimbursed to the College? Check one:

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**CARDHOLDER WILL RETURN MERCHANDISE AND PERSONALLY PAY FOR ANY APPLICABLE RESTOCKING
OR RELATED FEES.**

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**CARDHOLDER WILL PAY BY CHECK OR MONEY ORDER TO CONTROLLER'S OFFICE PRIOR SECOND
PAYDAY AFTER UNAUTHORIZED PURCHASE WAS NOTED.**

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**CARDHOLDER WILL PAY BY PAYROLL DEDUCTION WITH FORMAL REIMBURSEMENT PLAN SUBMITTED
TO CONTROLLER'S OFFICE PRIOR TO THE SECOND PAYDAY AFTER UNAUTHORIZED PURCHASE WAS
NOTED.**

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**CARDHOLDER'S PAY CHECK WILL BE DEDUCTED THE FULL AMOUNT ON THE SECOND PAYDAY AFTER
UNAUTHORIZED PURCHASE WAS NOTED. (This also applies when cardholder has made no election to
reimburse the College, as per Purchasing Card Policy.)**

Signature of Cardholder

Date

Signature of Supervisor/Budget Head

Date

Original to Purchasing Card Administrator; Copies to Payroll; Cardholder and Supervisor/Budget Head

Form 3300/014 (10/26))