



**TRAVEL CARD/CBA
UNAUTHORIZED PURCHASE FORM**

Today's Date:

Cardholder's Name:

Travel Card/CBA #:

Supervisor/Budget Head's Name:

Form Initiated By (Check one):

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CARDHOLDER

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SUPERVISOR/BUDGET HEAD

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CBA 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.

Signature of Cardholder

Date

Signature of Approver

Date

Signature of Supervisor/Budget Head (if different than Approver)

Date

Original to CBA Administrator; Copies to Cardholder, Approver, and Supervisor/Budget Head