



Statement date: _____

Last Name		First Name		M.I.
Last 4 digits of Credit card number		Default General Ledger Account Number Assigned		

Please complete this form using your monthly Corporate Travel Card Statement. List the transactions in the order they appear on your statement and attach the supporting documentation in the same order. If a transaction should be charged to a different G/L number than listed above, please indicate the transaction line and account to be charged in the bottom right-hand corner. **If any expense listed below relates to future travel, please provide travel date in description.**

m/d Date	Vendor	Transaction Description & Purpose	Attendees (if applicable)	Amount	APPROVAL Controller's Office
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Total Lines 1 - 14

I certify that all expenses listed on the attached statement are accurate and made in accordance with the Monmouth University Travel, Entertainment and Food Policy and the University Corporate Card for Travel Policy and Procedures document. I understand that failure to adhere to these policies may require repayment or a deduction from my pay for undocumented or unallowable charges and may result in revocation of my card or other disciplinary actions.

APPROVAL	
I certify that I have reviewed this Employee Travel Card Documentation Form for compliance with the Monmouth University Travel, Entertainment and Food Policy, including the Business Purposes, Attendees, Supporting Documents attached, and Account Distribution.	
Approving Signature	Date
Print Name	Title

EMPLOYEE SIGNATURE		DATE
Line No.	Journal Entry Request for Allocation Changes	
	Account Number	Amount
	-	-
	-	-
	-	-
	-	-
	-	-

Note: Do not enter charges that have already been re-allocated online in the Works System.