VISA NON-TRAVEL EXPENSE WORKSHEET

Cardholder : _____ **Project:** _____ **Task**_____ **Award**_____

Statement Date: _____ **Organization:**_____ (For Office Use Only)

Due Date: **Worksheets must be submitted by the 20th of each month for the current statement.**

VENDOR	ITEM Description	Transaction Date	AMOUNT	Expenditure Type (OFFICE USE ONLY)

Total of Worksheet: 0

****RECEIPTS must be attached to this form**** Cardholder must pay Research Foundation of SUNY for any unallowable charges. ****

Project Director Signature : _____ Date: _____/_____/_____

Fiscal Designee Signature: _____ Date: _____/_____/_____