

# Appendix E

## CREDIT CARD EXPENSE FORM

NAME (BLOCK CAPITALS) \_\_\_\_\_  
 DEPARTMENT NAME \_\_\_\_\_

STATEMENT DATE \_\_\_\_\_  
 2 LETTER DEPT. CODE \_\_\_\_\_

*For Office use Only*

Transaction date	Type of Expense	Reason for Expense	Amount	Expense Code / Research Grant Code used
Total Amount (as per credit card statement)				

### Notes

1. Supporting receipts must be attached to this form. Unreceipted expenditure may be deemed a taxable benefit by the Inland Revenue.
2. If the card is used for entertaining, names of those entertained and the reason for entertaining must be provided.
3. Any element of personal expenditure must be repaid at the time the form is submitted to Accounts.

SIGNATURE OF CARDHOLDER \_\_\_\_\_  
 DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_ (Head of Dept or Administrator)  
 DATE \_\_\_\_\_