## **Publix Card Withdrawal Form**

Date:	
Organization Name:	Department ID:
Name of Event:	Event Date:
	Items Being Purchased
Supplies for Event	Food for Event Other:
Estimated Total Price of Purcha (This price will be pre-approved on this for	use on Publix Card:
	Acknowledgement
purpose of making official purch responsible for these funds and documents supporting the expe	ard in the custody of the Student Affairs Business Office, for the hase(s) for the University of Georgia. I agree to be personally to return the card, together with the proper receipts & nditure, no later than the close of the next working day. These th all budgetary and University policies. <b>CARD IS DUE BACK</b>
Withdrawn By:	Signature:
	the estimated purchase price will not be exceeded, that the ne funding is available in specified ChartString.
Approver Name:	Signature:
	Additional Information
provided for food or drii	not permitted on the Publix card
Date Card Returned:	Returned By:
Total Spent per Receipt:	
Disbursed Card SABO Initials:	Card Returned SABO Initials:
Disbursed Card SABO Initials:	Card Returned SABO Initials: