



# Publix Card Return Form

Department Name: \_\_\_\_\_ Date: \_\_\_\_\_

## ChartString Information:

Fund: \_\_\_\_\_ Department ID: \_\_\_\_\_ Program: \_\_\_\_\_ Class: \_\_\_\_\_

OR SpeedType: \_\_\_\_\_

## Items Purchased:

Description	Amount	Account Code
Total Spent on Food		
Total Spent on Drinks		
Total Spent on Supplies		
Other: _____		

Total Payment Amount \$ \_\_\_\_\_

## Additional Attached Documentation:

Food Justification Form

Event Brochure/Flyer

Receipts

## Employee Certification:

I certify that I am authorized to charge to account(s) listed above for this transaction and that the goods or services listed herein, or on the attached documents have been received.

Purchased By: \_\_\_\_\_ Signature: \_\_\_\_\_

Approved By: \_\_\_\_\_ Signature: \_\_\_\_\_

## Student Affairs Business Office Use Only:

Amount Spent: \_\_\_\_\_

SABO Initials: \_\_\_\_\_

SABO Initials: \_\_\_\_\_

*This form, additional supporting documentation, and the Publix card are due back to the Student Affairs Business Office within 1 business day of withdrawal.*