

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: _____