



KCTCS Expenditure Transaction Detail Form

Date:

Document #:

<input type="checkbox"/> Procurement Card	<input type="checkbox"/> Check Request	<input type="checkbox"/> Requisition	<input type="checkbox"/> Honorarium*	<input type="checkbox"/> Other
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*For a definition of Honorarium, please see Business Procedure **3.15 Honorariums**

Name of Person Making/Requesting Expenditure:

Cardholder's Name (Procard ONLY):

Vendor Information	
Name	
PS #/LOC	
Rep	
Address	
City/State	
Phone	
Fax	
E-mail/Web	

Deliver To	
College	
Address	
Delivery Date	
Contact Person	

Bona Fide Business Purpose

Account Distribution Summary

Please use continuation sheet if additional lines are required for account distribution.

Amount	BU	Account	Fund	Dept	Prog	Class	Prj/Grt	FY

Please use continuation sheet if additional lines are required for the product description

Qty	UOM	Item #	Description	Unit Price	Total Price
				Subtotal	
				Totals from other pages	
				Grand Total	

Person Making/Requesting Expenditure

Supervisor of Person Making Expenditure

Budg. Auth. Signature if not Supervisor

Cardholder
(Procard ONLY)

Supervisor of Cardholder
(Procard ONLY)

CEO Approval (if Appropriate)

