Southern Arkansas University Tech
P-Card Expense Transfer Journal Voucher

Cardholder: _____ Card Number _____

Statement Date _____

Transfer To: (Correct Acct #) DR	**Amount**	**Transfer From:** (Default Acct #) CR	**Post Date** (From Statement)	**Reference No. (last 5 digits)** (From Statement)

Cardholder: _____ Date: _____

P-Card Liaison: _____ Date: _____

Department Head: _____ Date: _____

Journal Entry No. _____
Business Office Use Only

Journal Entry Date _____
Business Office Use Only

Prepared by: _____
Business Office Use Only

Copy to Accounts Payable